



CITY OF GARDEN GROVE
FIRE DEPARTMENT

Tel: (714) 741-5600
Fax: (714) 741-5640

3/23/2016

Mark Smith
Barr & Clark, Inc.
(909) 860-6070

RE: Records Search for 12442 Knott Street, Garden Grove CA

Dear Mr. Smith:

Enclosed are the records found concerning the history of the above-mentioned site(s), especially as it pertains to fire code violation history, permits, the use, storage, or disposal of hazardous substances, and the installation or removal of underground flammable or combustible liquid storage tanks.

The City of Garden Grove Fire Department has utilized its best efforts to locate the records requested. However, the City makes no representation as to the accuracy of the records or that all records requested were retained or located. The City does not provide records on spills, leaks or clean-up, as that information is provided through the County of Orange Health Dept.

Sincerely,

A handwritten signature in black ink, appearing to read 'Thanh Nguyen', with a long horizontal flourish extending to the right.

Thanh Nguyen
Fire Captain/Senior Fire Protection Specialist

**Violation List for
LIMBACH LLC
12442 KNOTT St**

Date Issued	Date Cleared	Code #	Violation Description
11/10/2015	12/01/2015	NFPA 25	Push escutcheon cups to ceiling tiles. Some are blocking the spray
11/10/2015	12/01/2015	CFC 605.3	Keep 30" clear in front of elec. panel
08/21/2013	03/25/2014	CFC 2701.5.	Complete Haz Mat Disclosure packet
06/09/2011	09/28/2011	CFC 2701.5.	Complete Haz Mat Disclosure packet
06/09/2011	09/28/2011	CFC 1006.1	Provide and maintain approved emergency lighting.
06/09/2011	09/28/2011	CFC 1011.2	Provide illuminated exit sign(s).

		Max Daily Amount	Not Used/Used	
Common Name	Acetylene	1000 Cubic Fee	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Name	Acetylene	Map 1	Grid G-12	Delete __ Modify __
Cas #	74-86-2	Location Throughout Fabrication Shop		
Common Name	Argon	4800 Cubic Fee	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Name	Argon	Map 1	Grid	Delete __ Modify __
Cas #	7440-37-1	Location		
Common Name	Carbon Dioxide	1150 Cubic Fee	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Name	Carbon Dioxide	Map 1	Grid	Delete __ Modify __
Cas #	124-38-9	Location Various		
Common Name	CO2 Helium Argon	2200 Cubic Fee	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Name	CO2 Helium Argon	Map 1	Grid	Delete __ Modify __
Cas #		Location		
Common Name	Oxygen	5200 Cubic Fee	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Name	Oxygen	Map 1	Grid E-2/G	Delete __ Modify __
Cas #	7782-44-7	Location Various		
Common Name	Propane	0 Gallons	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Name	Propane	Map 1	Grid E-2	Delete __ Modify __
Cas #	74-48-6	Location		

Dbas AMF ELECTRONICS

Complex

Address

12442

KNOTT

St

92841

Business Information

Business License No.

Dunn and Bradstreet -

Sic Code- 3469

Fax

E-Mail

Business Owner Name AMF Electronics, Inc. Home Phone 7143795900

Construction Information

Construction type-

Occupany group-

Occupany Load- 0

Building Sq.ft- 0

Contacts Information

Property Owner

Building Owner

Contacts

Inspection Information

Deleted and Archived by Administrator

File number 165

Inspector- FPB N

Inspection History

Visits

Violations

Permits

EPS Information

Business Operator - Steve Singer
Phone - 7143795900
Environmental Contact - Steve Singer
phone - 7143795900
address - 12442 Knott Ave., Garden Grove CA 92841

Chemical Information

Chemical Name - ARGON
Common name - STARGON

Chemical Name - HELIUM
Common name - HELIUM

Chemical Name - ARGON
Common name - ARGON

Chemical Name - OXYGEN
Common name - OXYGEN

Chemical Name - ACETYLENE
Common name - ACETYLENE

Chemical Name - ACETONE
Common name - ACETONE

Chemical Name - INK
Common name - INK

Chemical Name - PETROLEUM DISTILLATE
Common name - OILS AND LUBRICANTS

Chemical Name - PROPANE
Common name - PROPANE

Chemical Name - WASTE OIL
Common name - WASTE OIL

Chemical Name - MIXTURE
Common name - WASTE PAINT RELATED MATERIAL

Chemical Name - MIXTURE
Common name - VF-77

Chemical Name - SODIUM HYDROXIDE
Common name - CHEM ETCH 7015

Chemical Name - MIXTURE
Common name - ARDOX 295-G

Chemical Name - MIXTURE
Common name - CHEM COTE 3529

.....
Chemical Name - SODIUM HYDROXIDE

Common name - CHEM ETCH 7015

Chemical Name - SODIUM HYDROXIDE

Common name - SODIUM HYDROXIDE

Chemical Name - PHOSPHORIC ACID

Common name - PHOSPHORIC ACID

Chemical Name - MIXTURE

Common name - VARIOUS COATINGS AND ENAMELS

Tank Information

Disclosure Local Information

Invoices

External Invoices

Notes

DbA AMF ELECTRONICS

Complex

Address

12442

KNOTT

St

92841

Business Information

Business License No.
Dunn and Bradstreet -
Sic Code- 3469

Fax
E-Mail
Business Owner Name AMF Electroncs, Inc. Home Phone 7143795900

Construction Information

Construction type-
Occupany group-
Occupany Load- 0
Building Sq.ft- 0

Contacts Information

Property Owner

Building Owner

Contacts

Inspection Information

Deleted and Archived by Administrator
File number 165
Inspector- FPB N

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Common name - ARGON

Chemical Name - OXYGEN
Common name - OXYGEN

Chemical Name - ACETYLENE
Common name - ACETYLENE

Chemical Name - ACETONE
Common name - ACETONE

Chemical Name - INK
Common name - INK

Chemical Name - PETROLEUM DISTILLATE
Common name - OILS AND LUBRICANTS

Chemical Name - PROPANE
Common name - PROPANE

Chemical Name - WASTE OIL
Common name - WASTE OIL

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Chemical Name - PHOSPHORIC ACID

Common name - PHOSPHORIC ACID

Chemical Name - MIXTURE

Common name - VARIOUS COATINGS AND ENAMELS

Tank Information

Disclosure Local Information

Invoices

External Invoices

Notes

Dbna UNITED YELLOW PAGES INC.

Complex

Address

12442

KNOTT

St

Business Information

Business License No.

Dunn and Bradstreet -

Sic Code-

Fax

E-Mail

Business Owner Name

Home Phone

Property Use

Construction Information

Construction type-

Occupany group-

Occupany Load- 0

Building Sq.ft- 0

Contacts Information

Property Owner

Building Owner

Contacts

Contact Type - Emergency One

LUKE LERBAKKEN

7147917767

Inspection Information

Archived by sabrinass

File number 8686

Inspector- FPB N

Inspection History

04/21/2008 Time 11:00

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E5 shift B En

03/24/2009 Time 10:30

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector E5 shift B En

06/04/2009 Time 10:17

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Inspection Cleared

Notes - Inspection cleared- Inspector 3373 Norman Lovely by Valerie Thorpe

07/01/2009 Time 07:55

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

10/07/2009 Time 10:03

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Fire Code Permit

Notes - Fire Code Permit printed for a paid Invoice

04/21/2010 Time 08:33

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Life Safety Inspection

Notes - System generated Life Safety inspection printed for - Inspector FPB shift N F

07/01/2010 Time 08:54

Employee No. - 6691Name - Valerie Thorpe

Action Performed - Permit Invoice

Notes - Permit Invoice Printed

Visits

05/27/2009

Inspector Id- 3373Name - Norman Lovely

Insp. Type - Annual Life Safety

Category - Life Safety

Comments - No violations.

08/19/2008

Inspector Id- E5Name - Engine 5

Insp. Type - Annual Life Safety

Category -

Comments - Refer to FPB on high piled stock in rear storage.

W. Keen

06/18/2009

Inspector Id- 3087Name - Randolph Garcia

Insp. Type - Reinspection

Category - Life Safety

Comments - Add high piled stock permit for section subleased to another business for storage. They will

need close permit cost to sublease

pass along permit cost to subleasee.

Violations

Permits

Permit No- 811031

Permit description- HIGH-PILED COMBUSTIBLE STOCK

EPS Information

Business Operator -

Phone -

Environmental Contact -

phone -

address - ,

Chemical Information

Tank Information

Tank Owner Name -

Phone -

Address-

Disclosure Local Information

Date Disclosure was verified 00/00/00

Disclosure letter verified by

Date Inquiry letter Sent 00/00/00

Date New Business Packet Sent 00/00/00

Date New Business Packet Received 00/00/00

Date Year end packet sent 00/00/00

Date Year end packet Received 00/00/00

Date Year end Packet Approved 00/00/00

Citation Date 00/00/00

City Attorney Letter sent Date 00/00/00

Date BEP sent 00/00/00

Date BEP Submitted 00/00/00

Date BEP Corrected 00/00/00

Date BEP Approved 00/00/00

Date BEP Approved 00/00/00

Business was not in the Cal Arp program

Number of Employee

Local ID Number

Invoices

Date Billed 07/01/2009

Bill type - Permit Bill

Total Due \$82.50

Amount Paid - \$82.50

Balance Due -\$0.00

Items

HIGH-PILED COMBUSTIBLE STOCK - \$75.00

2nd Notice Late Fee - \$7.50

Date Billed 07/01/2010

Bill type - Permit Bill

Total Due \$.00

Amount Paid - \$.00

Balance Due -\$0.00

Items

External Invoices

Notes

Inspection # :013344 1.Insp_Date:06-27-01
2. Permit # :
3. Address :12442 KNOTT ST
4. Business Name/DBA :AMF ELECTRONICS INC.
5. Address Info : 6.Buslic :159157
7. Business Owner :JOHN KRUGER
8. Business Address : 10.Bus Phone379-5900
9. Business CityStZip: 11.EmerPhone:

12.Occ Group :F2 16.5yr Cert. :04-08-95 20.MBCC :
13.Occ Load : 17.FDC loc :ON EDISON 21.Clear date :06-27-01
14.No of Ext :15.15 18.Haz Mat'l :N 22.InspectorId:2475
15.Sprinklers:Y 19.ReInsp date: DUMAS, WILLIAM T

=====

Violation Code Violation description

=====

1 NO VIOLATIONS

2. Permit # :
3. Address :12442 KNOTT ST
4. Business Name/DBA :AMF ELECTRONICS INC.
5. Address Info : 6.Buslic :159157
7. Business Owner :JOHN KRUGER
8. Business Address : 10.Bus Phone379-5900
9. Business CityStZip: 11.EmerPhone:

12.Occ Group :F2 16.5yr Cert. :04-08-95 20.MBCC :
13.Occ Load : 17.FDC loc :ON EDISON 21.Clear date :06-27-01
14.No of Ext :15.15 18.Haz Mat'l :N 22.InspectorId:2475
15.Sprinklers:Y 19.ReInsp date: DUMAS, WILLIAM T

=====
Violation Code Violation description
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1 NO VIOLATIONS

2. Permit # :

3. Address :12442 KNOTT ST

4. Business Name/DBA :AMF ELECTRONICS INC.

5. Address Info : 6.Buslic :159157

7. Business Owner :JOHN KRUGER

8. Business Address : 10.Bus Phone379-5900

9. Business CityStZip: 11.EmerPhone:

12.Occ Group :F2 16.5yr Cert. :04-08-95 20.MBCC :

13.Occ Load : 17.FDC loc :ON EDISON 21.Clear date :

14.No of Ext :15.15 18.Haz Mat'l :N 22.InspectorId:

15.Sprinklers:Y 19.ReInsp date:

=====
Violation Code Violation description

Inspection # :934670 1.Insp_Date:05-19-93

2. Permit # :

3. Address :12442 KNOTT ST

4. Business Name/DBA :LIBERTY CONTACT SERVICES

5. Address Info : 6.Buslic :132216

7. Business Owner :WYCE LABORATORIES

8. Business Address :12442 KNOTT ST 10.Bus Phone373-9944

9. Business CityStZip:GARDEN GROVE CA 92841 11.EmerPhone821-8786

12.Occ Group :B2 16.5yr Cert. :5-4-91 20.MBCC :N

13.Occ Load : 17.FDC loc : 21.Clear date :05-19-93

14.No of Ext :15.15 18.Haz Mat'l :N 22.InspectorId:4295
15.Sprinklers:Y 19.ReInsp date: JENSEN, RICHARD A

=====
Violation Code Violation description
=====

Inspection # :944461 1.Insp_Date:06-03-94
2. Permit # :
3. Address :12442 KNOTT ST
4. Business Name/DBA :LIBERTY CONTACT SERVICES
5. Address Info : 6.Buslic :132216
7. Business Owner :WYCE LABORATORIES
8. Business Address :12442 KNOTT ST 10.Bus Phone373-9944
9. Business CityStZip:GARDEN GROVE CA 92841 11.EmerPhone821-8786

12.Occ Group :B2 16.5yr Cert. :5-4-91 20.MBCC :
13.Occ Load : 17.FDC loc : 21.Clear date :06-03-94
14.No of Ext :15.15 18.Haz Mat'l :N 22.InspectorId:7886
15.Sprinklers:Y 19.ReInsp date: SHAFFER, ANDREW L

=====
Violation Code Violation description
=====

1 NO VIOLATIONS NOTED AT THIS TIME

2 Inspection # :954201 1.Insp_Date:05-26-95
3 2. Permit # :
4 3. Address :12442 KNOTT ST
5 4. Business Name/DBA :LIBERTY CONTACT SERVICES
6 5. Address Info : 6.Buslic :132216
7 7. Business Owner :WYCE LABORATORIES
8 8. Business Address :12442 KNOTT ST 10.Bus Phone373-9944
9 9. Business CityStZip:GARDEN GROVE CA 92841 11.EmerPhone821-8786
10

11 12.Occ Group :B2 16.5yr Cert. :04-08-95 20.MBCC :
12 13.Occ Load : 17.FDC loc :ON EDISON 21.Clear date :05-26-95
13 14.No of Ext :15.15 18.Haz Mat'l :N 22.InspectorId:0790
14 15.Sprinklers:Y 19.ReInsp date: BOJORQUEZ, TRINO

Inspection # :963801 1.Insp_Date:04-25-96
2. Permit # :
3. Address :12442 KNOTT ST
4. Business Name/DBA :LIBERTY CONTACT SERVICES
5. Address Info : 6.Buslic :132216
7. Business Owner :WYCE LABORATORIES
8. Business Address :12442 KNOTT ST 10.Bus Phone373-9944
9. Business CityStZip:GARDEN GROVE CA 92841 11.EmerPhone821-8786

12.Occ Group :F2 16.5yr Cert. :04-08-95 20.MBCC :
13.Occ Load : 17.FDC loc :ON EDISON 21.Clear date :04-25-96
14.No of Ext :15.15 18.Haz Mat'l :N 22.InspectorId:4607
15.Sprinklers:Y 19.ReInsp date: KINGMAN, LEWIS E

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Violation Code Violation description

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1 NO VIOLATIONS

Inspection # :973508 1.Insp_Date:06-17-97
2. Permit # :

3. Address :12442 KNOTT ST
4. Business Name/DBA :LIBERTY CONTACT SERVICES
5. Address Info : 6.Buslic :132216
7. Business Owner :WYCE LABORATORIES
8. Business Address :12442 KNOTT ST 10.Bus Phone893-7880
9. Business CityStZip:GARDEN GROVE CA 92841 11.EmerPhone821-8786

12.Occ Group :F2 16.5yr Cert. :04-08-95 20.MBCC :
13.Occ Load : 17.FDC loc :ON EDISON 21.Clear date :06-17-97
14.No of Ext :15.15 18.Haz Mat'l :N 22.InspectorId:9034
15.Sprinklers:Y 19.ReInsp date: VIZE, TIMOTHY A

=====
Violation Code Violation description
=====

1 NO VIOLATIONS

Inspection # :983435 1.Insp_Date:06-23-98
2. Permit # :
3. Address :12442 KNOTT ST
4. Business Name/DBA :HOLLING SEAD INT INC
5. Address Info : 6.Buslic :132216
7. Business Owner :WYCE
8. Business Address :12442 KNOTT ST 10.Bus Phone901-1700
9. Business CityStZip:GARDEN GROVE CA 92841 11.EmerPhone494-0302

12.Occ Group :F2 16.5yr Cert. :04-08-95 20.MBCC :
13.Occ Load : 17.FDC loc :ON EDISON 21.Clear date :06-23-98
14.No of Ext :15.15 18.Haz Mat'l :N 22.InspectorId:0313

15.Sprinklers:Y 19.ReInsp date: BAKER, JEFFREY L

=====
Violation Code Violation description
=====

1 NO VIOLATIONS

Inspection # :993413 1.Insp_Date:05-10-99

2. Permit # :

3. Address :12442 KNOTT ST

4. Business Name/DBA :HOLLING SEAD INT INC

5. Address Info :HAZ MAT DISCLOSURE ON FILE 6.Buslic :132216

7. Business Owner :WYCE

8. Business Address :12442 KNOTT ST 10.Bus Phone901-1700

9. Business CityStZip:GARDEN GROVE CA 92841 11.EmerPhone494-0302

12.Occ Group :F2 16.5yr Cert. :04-08-95 20.MBCC :N

13.Occ Load : 17.FDC loc :ON EDISON 21.Clear date :05-10-99

14.No of Ext :15.15 18.Haz Mat'I :N 22.InspectorId:5190

15.Sprinklers:Y 19.ReInsp date: LUKAS JR, EDWARD F

=====
Violation Code Violation description
=====

1 NO VIOLATIONS

AUTOMATIC SPRINKLER OCCUPANCY RECORD

Address 12442 KNOTT Job UNDERGROUND ONLY Bldg. _____

Type: Full Partial Hazard: Low Average High Extra

Required by Ordinance: Yes No Density _____

Supervised: Yes No Zoned by: Floor Building Address

Location of F.D.C. _____

Location of PI valves _____

Hydrants: Yard On-site Private

System installed by _____ Telephone _____

Contact _____

Tests	Insp. Date	Tests	Insp. Date
J.G. Hydro	<u>4-23-85</u> GH	O.H. Hydro	<u>_____</u>
J.G. Flush	<u>4-23-85</u> GH	Final	<u>_____</u>



CITY OF GARDEN GROVE FIRE DEPARTMENT

11301 Acacia Parkway, Garden Grove, CA 92842 (714) 741-5600 (714) 741-5636

FORM 1

Hazardous Materials Business Information Form

Page ___ of ___ 3

BUSINESS INFORMATION

FACILITY # (Supplied by GGF0)	3 0 0 3 5	BEGINNING DATE	1	ENDING DATE	2
		August 5, 2010		August	
BUSINESS NAME	Western Air Limbach			BUSINESS PHONE	5
		(714) 653-7000			
BUSINESS SITE ADDRESS	12442 Knott St.				6
CITY	7	STATE	8	ZIP	9
GARDEN GROVE		CA		92841	
DUN & BRADSTREET	10	SIC CODE (4 DIGIT #)	11	FIRE DISTRICT	12
COUNTY	ORANGE				13
BUSINESS OPERATOR NAME	14			OPERATOR'S PHONE	15

BUSINESS OWNER

OWNER NAME	Western Air Limbach			16	OWNER PHONE	17
		(714) 653-7000				
OWNER MAILING ADDRESS	12442 Knott St.				18	
CITY	19	STATE	20	ZIP	21	
Garden Grove		CA		92841		

ENVIRONMENTAL CONTACT

CONTACT NAME	Eric Sylvester			22	CONTACT PHONE	23
		(310) 930-3968				
CONTACT MAILING ADDRESS	12442 Knott St.				24	
CITY	25	STATE	26	ZIP	27	
Garden Grove		CA		92841		

PRIMARY EMERGENCY CONTACTS SECONDARY

NAME	28	NAME	33
Eric Sylvester		Bill Haverstock	
TITLE	29	TITLE	34
Facility Manager		Safety Director	
BUSINESS PHONE	30	BUSINESS PHONE	35
(714) 653-7000		(714) 653-7000	
24-HR. PHONE	31	24-HR. PHONE	36
[REDACTED]		[REDACTED]	
PAGER #	32	PAGER #	37
NONE		NONE	

ADDITIONAL LOCALLY COLLECTED INFORMATION

DESCRIBE THE TYPE OF BUSINESS OPERATION:	38	TOTAL # OF EMPLOYEES	39
Mechanical Contractor		120	
BILLING ADDRESS (IF DIFFERENT FROM ABOVE)	40	ATTENTION	41
SAME			
PROPERTY OWNER NAME	42	ADDRESS	43
		PHONE	44

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	45	DATE	46
		August 5, 2010	
NAME OF SIGNER (print)	47	NAME OF DOCUMENT PREPARER (print)	49
Bill Haverstock		Bill Havestock	
TITLE OF SIGNER	48	TITLE OF DOCUMENT PREPARER	50
Safety Director		Safety Director	

LIST OF HAZARDOUS CHEMICALS

COMMON NAME	CATEGORY or CHEMICAL NAME	MANUFACTURER OR SUPPLIER	MSDS OBTAINED YES or NO
Weld-On 505 Key Tite Pipe Joint Compound	Adhesive/Sealant/Gasket	IPS Corporation	Yes
Teflon Thread Seal Tape	Adhesive/Sealant/ Gasket	AA Thread Seal Tape Co.	Yes
#204 Plastic Roof Cement	Adhesive/Sealant/Gasket	W. W. Henry Co.	Yes
#208 Plastic Roof Cement	Adhesive/Sealant/Gasket	W. W. Henry Co.	Yes
313 Sound Ctrl. Sealant	Adhesive/Sealant/Gasket	W. W. Henry Co.	Yes
3-6548 Silicone RTV	Adhesive/Sealant/Gasket	Dow Corning	Yes
578.2 Duct Sealer	Adhesive/Sealant/Gasket	United Technologies	Yes
Arabol 60-89-05	Adhesive/Sealant/Gasket	Borden Chemical	Yes
DP 2501 & 2502 Duct Liner Glue	Adhesive/Sealant/Gasket	Design Polymerics	Yes
DP-1010 & DP-1020	Adhesive/Sealant/Gasket	Design Polymerics	Yes
Ductmate 5511M	Adhesive/Sealant/Gasket	Ductmate Ind. Inc.	Yes
Fire Barrier CP-25 WB+ Caulk	Adhesive/Sealant/Gasket	3M	Yes
Gardlock Blue-Gard Style 3000 Gasketing	Adhesive/Sealant/Gasket	Garlock, Inc.	Yes
Gasket Tape #440	Adhesive/Sealant/Gasket	Ductmate Ind., Inc.	Yes
IS808 Silicon Sealant	Adhesive/Sealant/Gasket	GE Silicones	Yes
Joint Cleat (Galvanized Steel)	Adhesive/Sealant/Gasket	Ductmate Ind., Inc.	Yes
Lockbond #128	Adhesive/Sealant/Gasket	Industrial Rubber Cement	Yes
Neoprene Gasket	Adhesive/Sealant/Gasket	Ductmate Ind., Inc.	Yes
NS-230	Adhesive/Sealant/Gasket	Stabond Corp.	Yes
Perma Bar (Coal Tar)	Adhesive/Sealant/Gasket	Karlee Co. Inc.	Yes
PVC Cleat	Adhesive/Sealant/Gasket	Ductmate Ind., Inc.	Yes
Silicon RTV108	Adhesive/Sealant/Gasket	General Electric	Yes
Spray Adhesive	Adhesive/Sealant/Gasket	Aerovoe-Pacific Co., Inc.	Yes
Super 77	Adhesive/Sealant/Gasket	3M	Yes
Tuff-Bond Quick-Set	Adhesive/Sealant/Gasket	Goodfloe E. Moore Inc.	Yes
WIT	Adhesive/Sealant/Gasket	Duro-Dyne	Yes
FS-ONE High Performance Intumescent Firestop Sealant	Adhesive/Sealant/Gasket	Hilti	Yes
HSE 242I High Strength Epoxy	Adhesive/Sealant/Gasket	Hilti	Yes
HVU Adhesive Capsules	Adhesive/Sealant/Gasket	Hilti	Yes
CP 620 Firestop Sealant	Adhesive/Sealant/Gasket	Hilti	Yes
HIT-HY 20	Adhesive/Sealant/Gasket	Hilti	Yes
Chem Pro 3800	Chemicals/Cleaners/Solvents	Chem Pro Laboratory	Yes
Chem Pro 3800S	Chemicals/Cleaners/Solvents	Chem Pro Laboratory	Yes
Chem Pro 4000/221 PL	Chemicals/Cleaners/Solvents	Chem Pro Laboratory	Yes
Cooling Tower Biocide	Chemicals/Cleaners/Solvents	Chem Pro Laboratory	Yes
Corrshield MD400	Chemicals/Cleaners/Solvents	BetzDearborn	Yes
1,1,1 Trichloroethane	Chemicals/Cleaners/Solvents	Rho-Chem Corp.	Yes
105 Solvent-MS	Chemicals/Cleaners/Solvents	Safety-Kleen Corp.	Yes
Aqua ammonia	Chemicals/Cleaners/Solvents	Hills Bros. Chemical Co.	Yes
Blend 4381	Chemicals/Cleaners/Solvents	Union Oil Co. of California	Yes
CC-300 Water Biocide	Chemicals/Cleaners/Solvents	Calgon Corp.	Yes
CC-487 Detergent Additive	Chemicals/Cleaners/Solvents	Calgon Corp.	Yes
CCS-10 Oxidizing Agent	Chemicals/Cleaners/Solvents	Calgon Corp.	Yes
Keycut Soluble CS3543	Chemicals/Cleaners/Solvents	Keystone Div. Pennwalt	Yes
Multi-Chlor	Chemicals/Cleaners/Solvents	Chemco Products Co.	Yes
Muriatic Acid	Chemicals/Cleaners/Solvents	Mogul/The Dexter Corp	Yes
Phree Guard 5255(Acetone)	Chemicals/Cleaners/Solvents	Calgon Corp.	Yes

LIST OF HAZARDOUS CHEMICALS

COMMON NAME	CATEGORY or CHEMICAL NAME	MANUFACTURER OR SUPPLIER	MSDS OBTAINED YES or NO
Solvent Blend SC 1516	Chemicals/Cleaners/Solvents	Shell Corp.	Yes
Spin Off (Chlorinated Solv)	Chemicals/Cleaners/Solvents	Alco Products, Inc.	Yes
Sulfuric Acid	Chemicals/Cleaners/Solvents	Phelp Dodge Corp.	Yes
Boraxo Powdered Hand Soap	Chemicals/Cleaners/Solvents	The Dial Corp.	Yes
Verticide	Chemicals/Cleaners/Solvents	Unisource Worldwide, Inc.	Yes
Allstar Verticide	Chemicals/Cleaners/Solvents	Unisource Worldwide, Inc.	Yes
CITRON Cleaner/Degreaser	Chemicals/Cleaners/Solvents	American Research Kemical	Yes
ChemTreat C-261	Chemicals/Cleaners/Solvents	ChemTreat, Inc.	Yes
ChemTreat CL-455	Chemicals/Cleaners/Solvents	ChemTreat, Inc.	Yes
Isopropyl Rubbing Alcohol 70%	Chemicals/Cleaners/Solvents	Hydrox Laboratories	Yes
Deionized Water	Chemicals/Cleaners/Solvents	Medical Chemical Corp.	Yes
Cooling Treatment - 4636	Chemicals/Cleaners/Solvents	Aqua Serv	Yes
Cooling Treatment - 4911	Chemicals/Cleaners/Solvents	Aqua Serv	Yes
Cleaner - 5483	Chemicals/Cleaners/Solvents	Aqua Serv	Yes
Microbiocide - 7413	Chemicals/Cleaners/Solvents	Aqua Serv	Yes
Microbiocide - 7420	Chemicals/Cleaners/Solvents	Aqua Serv	Yes
Closed Treatment - 8412	Chemicals/Cleaners/Solvents	Aqua Serv	Yes
Ferroquest FQ7102	Chemicals/Cleaners/Solvents	BetzDearborn	Yes
Aero-Strip Aerosol	Chemicals/Cleaners/Solvents	Certified Labs	Yes
CFR-1 Cleaner	Chemicals/Cleaners/Solvents	Hilti	Yes
GRRR 55	Chemicals/Cleaners/Solvents	Certified Labs	Yes
KLAWI	Chemicals/Cleaners/Solvents	Certified Labs	Yes
25% Carbon Dioxide/75% Argon	Compressed Gases/Refrigerants	Air Liquid America Corp.	Yes
Acetylene	Compressed Gases/Refrigerants	Air Liquid America Corp.	Yes
Acetylene	Compressed Gases/Refrigerants	Praxair	Yes
Argon	Compressed Gases/Refrigerants	Air Liquid America Corp.	Yes
Blue Shield Inert Gas 1-8	Compressed Gases/Refrigerants	Liquid Air Corp.	Yes
Carbon Dioxide	Compressed Gases/Refrigerants	Air Liquid America Corp.	Yes
Carbon Dioxide	Compressed Gases/Refrigerants	BOC Gases	Yes
Helium	Compressed Gases/Refrigerants	Union Carbide	Yes
Hydrogen	Compressed Gases/Refrigerants	Liquid Air Corp.	Yes
MAPP Gas	Compressed Gases/Refrigerants	Airco, Div. of BOC Group, Inc.	Yes
Nitrogen	Compressed Gases/Refrigerants	Air Liquid America Corp.	Yes
Oxygen	Compressed Gases/Refrigerants	Air Liquid America Corp.	Yes
Oxygen	Compressed Gases/Refrigerants	Praxair	Yes
Propane (LPG)	Compressed Gases/Refrigerants	Air Liquid America Corp.	Yes
8% Carbon Dioxide/92% Argon	Compressed Gases/Refrigerants	Union Carbide	Yes
Liquefied Petroleum Gas or Propane	Compressed Gases/Refrigerants	Mutual Liquid Gas & Equip.	Yes
Genetron 134a	Compressed Gases/Refrigerants	Allied Signal Chemicals	Yes
Genetron 22	Compressed Gases/Refrigerants	Allied Signal Chemicals	Yes
Genetron 12	Compressed Gases/Refrigerants	Allied Signal Chemicals	Yes
Genetron 502 Azeotrope	Compressed Gases/Refrigerants	Allied Signal Chemicals	Yes
Helistar A1025 Helium Mixtgure	Compressed Gases/Refrigerants	Praxaire	Yes
All Products	Fiberglass	Owens/Corning Fiberglass	Yes
Fibrous Glass Wool	Fiberglass	CertainTeed Corp.	Yes
Linacoustic	Fiberglass	Manville	Yes
Micro-Aire Duct Insulation	Fiberglass	Manville	Yes
Microlite - R Series	Fiberglass	Manville	Yes

LIST OF HAZARDOUS CHEMICALS

COMMON NAME	CATEGORY or CHEMICAL NAME	MANUFACTURER OR SUPPLIER	MSDS OBTAINED YES or NO
Microlite-Plain	Fiberglass	Manville	Yes
Diesel Fuel	Miscellaneous	Texaco	Yes
Gasoline	Miscellaneous	Texaco	
Plastic Concrete	Miscellaneous	Livingston-Graham	Yes
Safety Booster (Loads/shots)	Miscellaneous	Hilti, Inc.	Yes
Para Dichlorobenzene Blocks	Miscellaneous	National Sanitary Supply Co.	Yes
Ethylene Glycol	Miscellaneous	Mallinckrodt Baker	Yes
CF 128-DW Insulating Foam for Doors	Miscellaneous	Hilti	Yes
Alum. Structural Shapes	Metals/Sheet and Coil	Reynolds Metal Co.	Yes
Aluminum Alloy Series 1000-3000,5000-	Metals/Sheet and Coil	Marmon/Keystone Corp.	Yes
Brass, Bronze & Copper Products	Metals/Sheet and Coil	Reynolds Metal Co.	Yes
Carbon and Alloy Steel	Metals/Sheet and Coil	Marmon/Keystone Corp.	Yes
Carbon Steel Structural Shapes	Metals/Sheet and Coil	Lafayette Metal Service	Yes
Chrome Plated Carbon Steel	Metals/Sheet and Coil	Marmon/Keystone Corp.	Yes
Galvanized Sheet Hot Dipped/Electrolytic Coated	Metals/Sheet and Coil	Lafayette Metal Service	Yes
Galvanized Steel	Metals/Sheet and Coil	Reynolds Metal Co.	Yes
Nickel Based Alloy Steel, Alloys 200, 400,600,800	Metals/Sheet and Coil	Marmon/Keystone Corp.	Yes
Nickel Steel	Metals/Sheet and Coil	Reynolds Metal Co.	Yes
Plastics	Metals/Sheet and Coil	J. T. Ryerson & Sons, Inc.	Yes
Stainless Steel, AISI/SAE Grades 300&400 Series, Special alloy	Metals/Sheet and Coil	Marmon/Keystone Corp.	Yes
Copper - Chromium Alloy - CMW 3	Metals/Sheet and Coil	Contacts Metals Welding	Yes
Copper - Nickel/Cobalt - Beryllium Alloy - CMW 73, CMW 100	Metals/Sheet and Coil	Contacts Metals Welding	Yes
Copper - Chromium - Nickel - Silicon - CMW 353	Metals/Sheet and Coil	Contacts Metals Welding	Yes
Metal & Metal Alloys - Aluminum, Copper, Lead, Nickel, Steel	Metals/Sheet and Coil	Vincent Metal Goods	Yes
Abrasive Wheel	Welding Products	Kaseco Abrasives	Yes
Aluminum Wire & Rod AWS SFA5.10	Welding Products	High Quality Alloys	Yes
Brazing Alloys (w/Cadmium)	Welding Products	J. W. Harris Co., Inc.	Yes
Copper Based Wire & Rod AWS SFA5.7	Welding Products	J. W. Harris Co., Inc.	Yes
Covered Electrode E6010	Welding Products	Lincoln Electric Co.	Yes
Covered Electrode E6011	Welding Products	Lincoln Electric Co.	Yes
Covered Electrode E6013	Welding Products	Lincoln Electric Co.	Yes
Covered Electrode E7018	Welding Products	Lincoln Electric Co.	Yes
Covered Electrode E7018	Welding Products	Hobart Brothers	Yes
Covered Electrode E7024	Welding Products	Lincoln Electric Co.	Yes
Nokorode Soldering Paste	Welding Products	M. W. Dunton Co.	Yes
Resinoid Alum. Oxide(Abrasive)	Welding Products	Continental Abrasives	Yes
Resinoid Silicon Carbide(Abrasive)	Welding Products	Continental Abrasives	Yes
Silicon Bronze Wire & Rod AWS SFA 5.6	Welding Products	High Quality Alloys	Yes
Solder	Welding Products	Liberty Metal Co.	Yes
Steel Welding Wire AWS A5.18, ER70S-3	Welding Products	L-TEC Welding & Cutting System	Yes
Tempilstik Indicators	Welding Products	Big Three Ind., Inc.	Yes

WESTERN AIR
and REFRIGERATION CO.

15914 South Avalon Blvd.
Compton, CA 90220

LIST OF HAZARDOUS CHEMICALS

COMMON NAME	CATEGORY or CHEMICAL NAME	MANUFACTURER OR SUPPLIER	MSDS OBTAINED YES or NO
Thoriated Tungsten Electrodes	Welding Products	GTE Products Corp.	Yes
Tungsten Electrode AWS A5.12, EWP, EWTh-1	Welding Products	L-TEC Welding & Cutting System	Yes
E70T-3, E70T-4, E71T-GS, E71T-11, E71T-	Welding Products	Praxair	Yes
Clear Cutting Oil	Lubricants	Hercules Chemical Co., Inc.	Yes
Dark Cutting Oil	Lubricants	Hercules Chemical Co., Inc.	Yes
Spray Lubricant	Lubricants	Hilti	Yes

**GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

**THE FOLLOWING FORMS ARE FOR USE IN THE EVENT OF
AN ACTUAL OR THREATENING HAZARDOUS MATERIALS EMERGENCY.**

BUSINESS EMERGENCY PLAN

All businesses using, handling or storing hazardous materials that are required to disclose must complete a Business Emergency Plan. The occupancy groups listed below will be permitted to complete a short version of the business plan. The completion of the short form shall be considered the application required in the Health and Safety Code, Title 20, Chapter 6.95, Section 25503.5.

The Chief of the Garden Grove Fire Department in the role of the Administering Agency, allows the following types of businesses to file the short version of the Business Emergency Plan.

1. Gasoline/Diesel service stations. S-3 occupancies
2. Repair Garages. H-4 occupancies
3. Dry Cleaners
4. Businesses, at the Fire Chief's discretion, with less than 10 employees and using materials that are not considered highly or acutely toxic.

The Fire Chief exempts the following portions from the business plan. These exemptions have been established because the materials used in the above-mentioned occupancies are common knowledge to first responding units. The materials pose no significant, unexpected hazard nor do they affect the ability of the administering agency to effectively respond to their release of a hazardous material and that there are unusual circumstances justifying this exemption.

Exemptions

1. Detailed evacuation plans.
2. Detailed key employee responsibilities.
3. Training outline.
4. Detailed prevention outline.

The following Short Business Emergency Plan must be completed in order for the exemption to be granted.

**GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities

Employee Evacuation and Staging Areas:

1. The type of alarm signal that will be used to initiate an evacuation at the facility (vocal, paging system, manual alarm, etc.).

Verbal, Public Address System Telephone, Portable

2. All employees shall be trained to evacuate the facility through at least one exit. Alternate exit routes shall be designated if available.
3. Staging areas shall be designated for all employees. Staging areas will be the location that all employees shall report to in the event of an emergency.

One person shall be designated to account for all personnel at the staging area. That person will be responsible for meeting the incoming Fire units and reporting the conditions known about the incident.

The Staging area is at the following location as shown on your site plan map:

Southeast corner of property

Employee Responsibilities:

At least one employee shall be responsible for the following minimum requirements in the event of an emergency response by the Fire Department.

1. Notify employees. Initiate evacuation procedures.
2. Notify the Garden Grove Fire Department. Dial 911.
3. Try to identify the nature of the incident.
4. Report to the staging area and account for evacuated employees.
5. Report to the incoming fire units.
6. Activate any emergency mitigation procedures that are available at your business. (List below any mitigation procedures specific to your business, if any.)



**GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Training Requirements

State law requires training of employees where the business uses, handles or stores hazardous materials.

Employee training provided on:

- Appointment of person/persons on site who are trained in key role positions. Emergency coordinator, evacuation coordinators, staging area supervisors and documenting officers.
- Procedures to follow during a release or threatened release of a hazardous material (evacuation to staging areas).
- Information contained in material safety data sheets.
- Warning labels/placards.
- Safe work practices.
- Use of on-site emergency equipment and supplies.
- Use and location of personal protective equipment.
- Any chemical, hazardous material or substance that could be encountered in his/her work area.
- On site alarm system for evacuation.
- Discuss possible release of hazardous materials scenario.

Emergency Notifications

A handler of hazardous materials is required to immediately report any release or threatened release of hazardous materials to the Garden Grove Fire Department. Failure to do so may result in criminal and/or civil prosecution.

Required Notifications

In the event of a release or threatened release of hazardous materials, it is State law to notify each of the following agencies.

Agency

Garden Grove Fire Department, Police, Paramedics
Office of Emergency Services (OES)

National Response Center

Phone Numbers

911
(800) 852-7550 or
(916) 427-4341
(800) 424-8802

**GARDEN GROVE FIRE DEPARTMENT
HAZARDOUS MATERIALS DISCLOSURE PROGRAM**

BUSINESS EMERGENCY PLAN

Personnel Emergency Notifications and Responsibilities (Continued)

Prevention

All materials are stored, used and handled within the guidelines of the Uniform Fire Code, N.F.P.A. standards, California Administrative Code, Titles 19 and 20.

This section is meant to initiate a Prevention Plan at your business and to assist in preventing a release, or threatened release, of a hazardous material. In the spaces provided, place a checkmark by the preventive actions which have been initiated by your business to abate hazards relating to hazardous material handling, use of storage.

Consideration shall include:

1. Drum storage and/or above ground tank storage areas:
 - a. Isolation and separation of incompatible materials.
 - b. Diking areas to contain spills.
 - c. Storage on paved ground.

2. Compressed and/or cryogenic gas storage areas:
 - a. Cylinder stored upright and secured.
 - b. Isolation and/or separation of incompatible cylinders (oxygen and flammable gases, etc.).

3. General:
 - a. Safe work practices are exercised in daily routines.
 - b. Employees who handle hazardous materials are properly trained.
 - c. Material Safety Data Sheets (MSDS) readily available for each hazardous material on the premises.
 - d. Labeling of all materials and storage areas with the product name and hazards associated with the product (drums, piping, tanks, etc.).
 - e. Uniform Fire Code (UFC) requires separation between outside hazardous material storage area or tanks and combustible materials (wood, bush, etc.).
 - f. Posting of "No Smoking" signs where appropriate.

GARDEN GROVE FIRE DEPARTMENT

BUSINESS EMERGENCY PLAN

A BUSINESS IS REQUIRED BY LAW TO NOTIFY THE GARDEN GROVE FIRE DEPARTMENT WITHIN 30 DAYS OF ANY OF THE FOLLOWING EVENTS.

- | |
|---|
| <ol style="list-style-type: none">1. Change of business address.2. Change of business ownership.3. Change of business name.4. Cessation of business operation (quitting business).5. Use or handling of a previously undisclosed hazardous material.6. A 100% increase in the quantity of a previously disclosed hazardous material. |
|---|

Your business is required by State law (CFC 8001.3.2) to retain a copy of this entire Hazardous Materials Disclosure information, including the Business Plan, chemical inventory, material safety data sheets and site maps, for review by Fire Department personnel. State where your disclosure and Emergency Business Plan will be kept.

Safety Directors Office

Show location on site map also using symbol in the legend.

Note: A fee is charged for a replacement copy from the Garden Grove Fire Department.

I certify, under penalty of perjury, that the enclosed information is true and correct to the best of my knowledge.

Signature: _____

Name: Bill Havrstock

Title: Safety Director

Date: 08-09-2010



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME Western Air Limbach
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I. FACILITY INFORMATION

CHEMICAL LOCATION Through out Fabrication Shop		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	MAP # 1
		GRID #

II. CHEMICAL INFORMATION

CHEMICAL NAME Acetylene	WASTE <input type="checkbox"/> Yes	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<small>* If EPCRA see instructions</small>
COMMON NAME	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		<small>*If EHS is "Yes", all amounts must be LBS</small>
CAS # 74-86-2	FIRE CODE HAZARD CLASSES (supplied by GGFD)	

TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	CURIES
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PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE
		<input type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	

AVERAGE DAILY AMOUNT 200	MAXIMUM DAILY AMOUNT 1,000	ANNUAL WASTE AMOUNT	STATE WASTE CODE
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UNITS <input type="checkbox"/> a. GALLONS <input checked="" type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	DAYS ON SITE 365	LARGEST CONTAINER 100
<small>*If EHS, amount must be in pounds.</small>		

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> i. VAT	<input checked="" type="checkbox"/> m. CYLINDER <input type="checkbox"/> q. TANK WAGON
	<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> r. RAIL CAR
	<input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> k. BAG(S)	<input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> s. TOTE BIN
	<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. CARBOY <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> p. IN MACH OR EQUIP <input type="checkbox"/> t. OTHER

STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT
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STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	32

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

PLACARDING INFORMATION

UNDOT # _____	33	
Refer to shipping papers or MSDS		
DOT HAZARD CLASS _____	34	
Refer to shipping papers or MSDS		
EPCRA <input type="checkbox"/> YES <input type="checkbox"/> NO	35	
X _____	36	
If EPCRA, Please Sign Here		

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	3
			Western Air Limbach	

I. FACILITY INFORMATION

CHEMICAL LOCATION				4
Various				
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6
			GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	WASTE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
Oxygen				* If EPCRA see instructions		
COMMON NAME				An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
			"If EHS is "Yes", all amounts must be LBS			

CAS #	7782-44-7	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
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TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE	<input type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
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PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID	<input type="checkbox"/> b. LIQUID	<input checked="" type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE	<input type="checkbox"/> b. REACTIVE	<input checked="" type="checkbox"/> c. PRESSURE RELEASE	18
					<input checked="" type="checkbox"/> d. ACUTE HEALTH		<input type="checkbox"/> e. CHRONIC HEALTH		

AVERAGE DAILY AMOUNT	400	19	MAXIMUM DAILY AMOUNT	5,200	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
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UNITS	<input type="checkbox"/> a. GALLONS	<input checked="" type="checkbox"/> b. CUBIC FEET	23	DAYS ON SITE	365	24	LARGEST CONTAINER	200	25
							*If EHS, amount must be in pounds.		

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26
		<input type="checkbox"/> b. UNDERGROUND TANK	<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> r. RAIL CAR
		<input type="checkbox"/> c. TANK INSIDE BLDG	<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> k. BAG(S)	<input type="checkbox"/> o. PLASTIC CONTAINER	<input type="checkbox"/> s. TOTE BIN
		<input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> h. CARBOY	<input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> t. OTHER

STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT	<input checked="" type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27
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STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	<input type="checkbox"/> d. CRYOGENIC	28
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	31

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

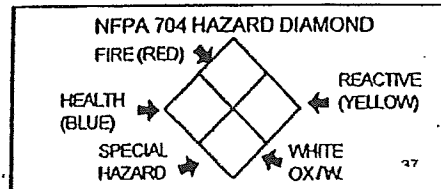
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Western Air Limbach	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION	Various				4	
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	5	MAP #	6	GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	CO ₂	WASTE	<input type="checkbox"/> Yes <input type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
COMMON NAME	Carbon Dioxide	An EHS Chemical		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	* If EPCRA see instructions		12
CAS #	124-38-9	FIRE CODE HAZARD CLASSES (supplied by GGFD)					13
TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	18		
AVERAGE DAILY AMOUNT	100	19	MAXIMUM DAILY AMOUNT	1,150	20	ANNUAL WASTE AMOUNT	21
UNITS	<input type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	365	24	LARGEST CONTAINER	50
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER	26	
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27					
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28					

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
2	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
3	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
4	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30
5	29	<input type="checkbox"/> Yes <input type="checkbox"/> No	30

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

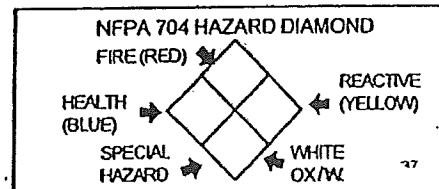
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME Western Air Limbach
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I. FACILITY INFORMATION

CHEMICAL LOCATION		
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	5
MAP #	6	GRID #
7		

II. CHEMICAL INFORMATION

CHEMICAL NAME CO ² Helium Argon	WASTE <input type="checkbox"/> Yes <input type="checkbox"/> No	8	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11
* If EPCRA see instructions				
COMMON NAME	9	An EHS Chemical <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
*If EHS is "Yes", all amounts must be LBS				
CAS #	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)		
13				

TYPE (Check one item only)	<input type="checkbox"/> a. PURE	<input checked="" type="checkbox"/> b. MIXTURE	<input type="checkbox"/> c. WASTE	14	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID	<input type="checkbox"/> b. LIQUID	<input checked="" type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE	<input type="checkbox"/> b. REACTIVE	<input type="checkbox"/> c. PRESSURE RELEASE	18
					<input checked="" type="checkbox"/> d. ACUTE HEALTH	<input checked="" type="checkbox"/> e. CHRONIC HEALTH			

AVERAGE DAILY AMOUNT	200	19	MAXIMUM DAILY AMOUNT	2,200	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
UNITS	<input type="checkbox"/> a. GALLONS	<input type="checkbox"/> b. CUBIC FEET	<input type="checkbox"/> c. POUNDS	<input type="checkbox"/> d. TONS	23	DAYS ON SITE	24	LARGEST CONTAINER	25
					365	200			
*If EHS, amount must be in pounds.									

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK	<input type="checkbox"/> e. PLASTIC DRUM	<input type="checkbox"/> i. VAT	<input type="checkbox"/> m. CYLINDER	<input type="checkbox"/> q. TANK WAGON	26			
<input type="checkbox"/> b. UNDERGROUND TANK						<input type="checkbox"/> f. NONMETALLIC DRUM	<input type="checkbox"/> j. FIBER DRUM	<input type="checkbox"/> n. GLASS CONTAINER	<input type="checkbox"/> r. RAIL CAR
<input type="checkbox"/> c. TANK INSIDE BLDG						<input type="checkbox"/> g. METAL CONTAINER	<input type="checkbox"/> k. BAG(S)	<input type="checkbox"/> o. PLASTIC CONTAINER	<input type="checkbox"/> s. TOTE BIN
<input type="checkbox"/> d. STEEL DRUM						<input type="checkbox"/> h. CARBOY	<input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> t. OTHER

STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT	<input checked="" type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	27
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STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT	<input type="checkbox"/> b. ABOVE AMBIENT	<input type="checkbox"/> c. BELOW AMBIENT	<input type="checkbox"/> d. CRYOGENIC	28
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	15-75 29 Carbon Dioxide	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31 124-38-9
2	15-75 29 Argon	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31 7440-37-1
3	15-75 29 Helium	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31 7440-39-7
4	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

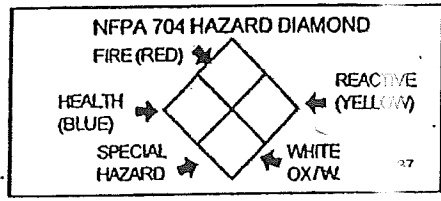
PLACARDING INFORMATION

UNDOT # _____ 33
Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34
Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36
If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1 Page _____ of _____ 2

FACILITY ID# **30035** BUSINESS NAME **Western Air Limbach**

I. FACILITY INFORMATION

CHEMICAL LOCATION _____

CONFIDENTIAL LOCATION Yes No 5 MAP # _____ 6 GRID # _____ 7

II. CHEMICAL INFORMATION

CHEMICAL NAME **Argon** WASTE Yes No 8 TRADE SECRET Yes No 11
* If EPCRA see instructions

COMMON NAME _____ 9 An EHS Chemical Yes No 12
*If EHS is "Yes", all amounts must be LBS

CAS # **7440-37-1** 10 FIRE CODE HAZARD CLASSES (supplied by GGFD) _____ 13

TYPE (Check one (or more)) a. PURE b. MIXTURE c. WASTE 14 RADIOACTIVE Yes No 15 CURIES _____ 16

PHYSICAL STATE (Check one (or more)) a. SOLID b. LIQUID c. GAS 17 FED. HAZARD CATEGORIES a. FIRE b. REACTIVE c. PRESSURE RELEASE 18
 d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT **55** 19 MAXIMUM DAILY AMOUNT **4,800** 20 ANNUAL WASTE AMOUNT _____ 21 STATE WASTE CODE _____ 22

UNITS a. GALLONS b. CUBIC FEET 23 DAYS ON SITE **365** 24 LARGEST CONTAINER **200** 25
 c. POUNDS d. TONS
*If EHS, amount must be in pounds.

STORAGE CONTAINER (Check all that apply) a. ABOVEGROUND TANK e. PLASTIC DRUM i. VAT m. CYLINDER q. TANK WAGON 26
 b. UNDERGROUND TANK f. NONMETALLIC DRUM j. FIBER DRUM n. GLASS CONTAINER r. RAIL CAR
 c. TANK INSIDE BLDG g. METAL CONTAINER k. BAG(S) o. PLASTIC CONTAINER s. TOTE BIN
 d. STEEL DRUM h. CARBOY l. BOX(S) p. IN MACH OR EQUIP t. OTHER _____

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 27

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT d. CRYOGENIC 28

%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
2	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
3	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
4	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No 31	32
5	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No 31	32

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

PLACARDING INFORMATION

UNDOT # _____ 33 Refer to shipping papers or MSDS

DOT HAZARD CLASS _____ 34 Refer to shipping papers or MSDS

EPCRA YES NO 35

X _____ 36 *If EPCRA, Please Sign Here*

NFPA 704 HAZARD DIAMOND

HEALTH (BLUE) REACTIVE (YELLOW)

SPECIAL HAZARD WHITE OX/W

MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



HAZARDOUS MATERIALS INVENTORY FORM

FORM 3

ADD DELETE REVISED 1

Page _____ of _____ 2

FACILITY ID#	3 0 0 3 5	38	BUSINESS NAME	Western Air Limbach	3
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I. FACILITY INFORMATION

CHEMICAL LOCATION					4	
CONFIDENTIAL LOCATION EPCRA	<input type="checkbox"/> Yes <input type="checkbox"/> No	5	MAP #	6	GRID #	7

II. CHEMICAL INFORMATION

CHEMICAL NAME	Propane	WASTE	<input type="checkbox"/> Yes <input type="checkbox"/> No	8	TRADE SECRET	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	11	
					* If EPCRA see instructions			
COMMON NAME					9	An EHS Chemical	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	12
					*If EHS is "Yes", all amounts must be LBS			

CAS #	74-48-6	10	FIRE CODE HAZARD CLASSES (supplied by GGFD)	13
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TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	14	RADIOACTIVE	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	15	CURIES	16
----------------------------	---	----	-------------	---	----	--------	----

PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	17	FED HAZARD CATEGORIES	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	18
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AVERAGE DAILY AMOUNT	19	MAXIMUM DAILY AMOUNT	20	ANNUAL WASTE AMOUNT	21	STATE WASTE CODE	22
----------------------	----	----------------------	----	---------------------	----	------------------	----

UNITS	<input checked="" type="checkbox"/> a. GALLONS <input type="checkbox"/> b. CUBIC FEET <input type="checkbox"/> c. POUNDS <input type="checkbox"/> d. TONS	23	DAYS ON SITE	24	LARGEST CONTAINER	25
					20	
*If EHS, amount must be in pounds.						

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVEGROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BLDG <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC DRUM <input type="checkbox"/> f. NONMETALLIC DRUM <input type="checkbox"/> g. METAL CONTAINER <input type="checkbox"/> h. CARBOY	<input type="checkbox"/> i. VAT <input type="checkbox"/> j. FIBER DRUM <input type="checkbox"/> k. BAG(S) <input type="checkbox"/> l. BOX(S)	<input type="checkbox"/> m. CYLINDER <input type="checkbox"/> n. GLASS CONTAINER <input type="checkbox"/> o. PLASTIC CONTAINER <input type="checkbox"/> p. IN MACH OR EQUIP	<input type="checkbox"/> q. TANK WAGON <input type="checkbox"/> r. RAIL CAR <input type="checkbox"/> s. TOTE BIN <input type="checkbox"/> t. OTHER	26
--	---	--	--	---	--	----

STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	27
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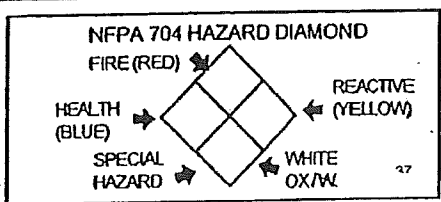
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> d. CRYOGENIC	28
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%WT	HAZARDOUS COMPONENT (For mixture or waste only)	EHS	CAS #
1	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31
2	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31
3	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31
4	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31
5	29	30 <input type="checkbox"/> Yes <input type="checkbox"/> No	31

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

PLACARDING INFORMATION

UNDOT #	_____	33	Refer to shipping papers or MSDS
DOT HAZARD CLASS	_____	34	Refer to shipping papers or MSDS
EPCRA	<input type="checkbox"/> YES <input type="checkbox"/> NO	35	
X	_____	36	If EPCRA, Please Sign Here



MAKE AS MANY COPIES OF CHEMICAL INVENTORY FORM AS NEEDED



CITY OF GARDEN GROVE
11301 ACACIA PARKWAY
GARDEN GROVE, CALIFORNIA 92842
(714) 741-5636

CUPA

FACILITY INFORMATION

BUSINESS ACTIVITIES

Page J of _____

I. FACILITY IDENTIFICATION

FACILITY ID#	3	0	0	3	5											1. EPA ID # (Hazardous Waste Only)	2.
BUSINESS NAME (Same as FACILITY NAME or DBA-Doing Business As)													CAL 000273216			3.	

II. ACTIVITIES DECLARATION

NOTE: If you check YES to any part of this list, please submit the Business Owner/Operator Identification page.

Does your facility...	If Yes, please complete these pages of the UPCF...	
A. HAZARDOUS MATERIALS		
Have on site (for any purpose) hazardous materials at or above 55 gallons for liquids, 500 pounds for solids, or 200 cubic feet for compressed gases (include liquids in ASTs and USTs); or the applicable Federal threshold quantity for an extremely hazardous substance specified in 40 CFR Part 355, Appendix A or B; or handle radiological materials in quantities for which an emergency plan is required pursuant to 10 CFR Parts 30, 40 or 70?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	4. <input checked="" type="checkbox"/> HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION (Form 3)
B. UNDERGROUND STORAGE TANKS (USTs)		
1. Own or operate underground storage tanks?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	5. <input checked="" type="checkbox"/> UST FACILITY (Formerly SWRCB Form A) <input checked="" type="checkbox"/> UST TANK (one page per tank) (Formerly Form B)
2. Intent to upgrade existing or install new USTs?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. <input checked="" type="checkbox"/> UST FACILITY <input checked="" type="checkbox"/> UST TANK (one per tank) <input checked="" type="checkbox"/> UST INSTALLATION - CERTIFICATE OF COMPLIANCE (one page per tank) (Formerly Form C)
3. Need to report closing a UST?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	7. <input checked="" type="checkbox"/> UST TANK (closure portion-one page per tank)
C. ABOVE GROUND PETROLEUM STORAGE TANKS (ASTs)		
Own or operate ASTs above these thresholds: - any tank capacity is greater than 660 gallons, or - the total aggregate capacity for the entire facility (ASTs, drums and portable containers) greater than 1,320 gallons?	<input type="checkbox"/> YES <input type="checkbox"/> NO	8. <input checked="" type="checkbox"/> NO FORM REQUIRED TO CUPAS
D. HAZARDOUS WASTE		
1. Generate hazardous waste?	<input type="checkbox"/> YES <input type="checkbox"/> NO	9. <input checked="" type="checkbox"/> EPA ID NUMBER - provide at the top of this page
2. Recycle more than 100 kg/month of excluded or exempted recyclable materials (per HSC §25143.2)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	10. <input checked="" type="checkbox"/> RECYCLABLE MATERIALS REPORT (one per recycler)
3. Treat hazardous waste on site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	11. <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - FACILITY (Formerly DTSC Forms 1772) <input checked="" type="checkbox"/> ONSITE HAZARDOUS WASTE TREATMENT - UNIT (one page per unit) (Formerly DTSC Forms 1772A,B,C,D and L)
4. Treatment subject to financial assurance requirements (for Permit by Rule and Condition Authorization)?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	12. <input checked="" type="checkbox"/> CERTIFICATION OF FINANCIAL ASSURANCE (Formerly DTSC Form 1232)
5. Consolidate hazardous waste generated at a remove site?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	13. <input checked="" type="checkbox"/> REMOTE WASTE/CONSOLIDATION SITE ANNUAL NOTIFICATION (Formerly DTSC Form 1196)
6. Need to report the closure/removal of a tank that was classified waste and cleaned onsite?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	14. <input checked="" type="checkbox"/> HAZARDOUS WASTE TANK CLOSURE CERTIFICATION (Formerly DTSC Form 1249)
E. LOCAL REQUIREMENTS		
Cal-ARP: California Accidental Release Prevention Program H&SC Chapter 6.95, Article 2, §25531 et seq — Stationary Source with more than a Threshold Quantity of a Regulated Substance in a Process	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	15. <input checked="" type="checkbox"/> REGULATED SUBSTANCE REPORTING FORM (Orange County CUPA)

GARDEN GROVE



FIRE DEPARTMENT

HAZARDOUS MATERIALS DISCLOSURE PROGRAM

REPORTING FORMS PACKET: PART 1

HOLLINGSEAD INTL. INC.,
12442 KNOTT AVE

FOR OFFICIAL USE ONLY

APPROVED BY: SHIRLEY DATE: 7/20/98

NEW BUSINESS EXISTING UPDATE

FEE: 1 2 3 5 6

OWNERSHIP CHANGE: _____

ADDRESS CHANGE: _____

TIER II: _____ FAC: _____ CON: _____ BUS LIST: 7/28 PICK: 7/28



CITY OF GARDEN GROVE, FIRE DEPARTMENT

11301 ACACIA PARKWAY, GARDEN GROVE, CALIFORNIA 92842

(714) 741-5600

(714) 741-5636

HAZARDOUS MATERIALS BUSINESS INFORMATION FORM

FORM 1

BUSINESS INFORMATION

CALENDAR YEAR BEGINNING (1)	7/07/98	ENDING (2)	12/31/98	(3) PAGE 1 OF	9
BUSINESS NAME (4)	HOLLING SEAD INTL., INC		BUSINESS PHONE: (5)	714 901 1700	
SITE ADDRESS (6)	12442 KNOTT AVE				
CITY (7)	GARDEN GROVE	STATE (8)	CA	ZIP (9)	92841-2832
DUN & BRADSTREET (OPTIONAL) OPERATOR NAME (10)			SIC CODE (4 DIGIT #) (11)	3728	
	MIKE CHRISTIAN		OPERATOR PHONE (13)	[REDACTED]	

OWNER INFORMATION

OWNER NAME (14)	DECRAW AIRCRAFT HOLDING INC	OWNER PHONE (15)	310 725 9123		
OWNER MAILING ADDRESS (16)	2361 ROSECRANS AVE, STE 180				
CITY (17)	EL SEGUNDO	STATE (18)	CA	ZIP (19)	90245

ENVIRONMENTAL CONTACT

CONTACT NAME (20)	DIEN NGUYEN	CONTACT PHONE (21)	714 372 7322		
MAILING ADDRESS (22)					
CITY (23)		STATE (24)		ZIP (25)	

Primary

EMERGENCY CONTACTS

Secondary

NAME: (26)	STEVE TIMM	NAME: (31)	GLENN WADA
TITLE: (27)	DIRECTOR OF MATERIALS	TITLE: (32)	MIS MANAGER
BUSINESS PHONE: (28)	714 372 7348	BUSINESS PHONE: (33)	714 372 7328
24-HOUR PHONE: (29)		24-HOUR PHONE: (34)	
PAGER #: (30)	[REDACTED]	PAGER #: (35)	[REDACTED]

ACUTELY HAZARDOUS MATERIALS (AHM) / EXTREMELY HAZARDOUS SUBSTANCE (EHS)

ON SITE AHM/EHS (36) Yes No

If yes, and above Threshold Planning Quantities, attach a sheet of paper with a general description of the process and principal equipment.

ADDITIONAL LOCALLY COLLECTED INFORMATION

(37)

A. Type of Business Operation	METAL FABRICATION	G. Underground Storage Tanks	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
B. Hours of Business Operation	6AM - 8:30PM	H. Above ground Tank over 660 gal.	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
C. Total Number of Employees	150	5 TANKS @ 330 gallons ea 3 of which are 1120.	
D. Property Owner Name	KURO4 REALTY	Address _____	
E. Schools, hospitals within 1,000 ft. of business property	Y <input checked="" type="checkbox"/> N <input type="checkbox"/>		
F. EPA I.D. Number	CAR000040238		

Certification: I certify under penalty of law that I have personally examined and that I am familiar with the information submitted in this inventory and believe the information is true, accurate, and complete.

Print Name of Document Preparer (38)	DIEN NGUYEN	Date (40)	7/9/98
Signature of Owner/Operator (39)	[Signature]		

CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 3 OF (3) 9

(4) BUSINESS NAME HOLLINGSEAD INTERNATIONAL, INC
 (5) CHEMICAL LOCATION (Address, Area, Building, etc.) VIBRAHONE
 (6) MAP # (if more than one) _____ GRID # (7) E-3

(8) CHEMICAL NAME VF-77 TRADE SECRET (11) Y N
 (9) COMMON NAME SOAP AHM / *EHS (12) Y N
 (10) CAS # _____
 (13) FIRE CODE HAZARD CLASSES* 2 - MODERATE
 *IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS

***COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.**

(14) TYPE PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16) _____
 (17) PHYSICAL STATE SOLID LIQUID GAS CURIES _____
 (18) FED HAZARD CATEGORIES FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
 (19) STATE WASTE CODE - UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 70
 (20) DAYS ON SITE 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 42.5
 (21) LARGEST CONTAINER 55 GAL DRUM ANNUAL WASTE AMT (25) -
 (26) STORAGE CONTAINER ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.
 (27) PRESSURE STORAGE AMBIENT ABOVE AMBIENT BELOW AMBIENT
 (28) STORAGE TEMPERATURE AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
1. 100 PPM	SEC-BUTYL ALCOHOL	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	78-92-2
2. 2 MG/M ³	SODIUM HYDROXIDE	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	1310-73-2
3. 3 PPM	MONOETHANOLAMINE	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	141-43-5

(33) **ADDITIONAL LOCALLY COLLECTED INFORMATION**
 *COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

NFPA CLASSIFICATION _____ NFPA 704 HAZARD DIAMOND FIRE RED
 UN/DOT # _____ Refer to shipping papers or MSDS
 DOT HAZARD CLASS _____ Refer to shipping papers or MSDS
 UFC HAZARD CLASS _____
 HEALTH BLUE
 SPECIAL ↑
 HAZARD ↓
 REACTIVE YELLOW ←
 WHITE OX/WK ←

CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 4 OF 3) 9

BUSINESS NAME (4) HOLLINGSEAD INTERNATIONAL, INC
 CHEMICAL LOCATION (Address, Area, Building, etc.) (5) MACHINE SHOP
 MAP # (if more than one) (6) _____ GRID # (7) G-4

CHEMICAL NAME (8) ARDRUX 295-G TRADE SECRET (11) Y N
 COMMON NAME (9) NON-CHROMATE DEOXIDIZER AHM / *EHS (12) Y N
 CAS # (10) _____
 FIRE CODE HAZARD CLASSES* (13) _____
 *IF EHS BOX IS "Y"
 ALL AMOUNTS MUST BE IN LBS

***COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.**

TYPE (14) PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16) _____
 PHYSICAL STATE (17) SOLID LIQUID GAS CURIES _____
 FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
 STATE WASTE CODE (19) - UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 55
 DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 50
 LARGEST CONTAINER (21) 55 GAL ANNUAL WASTE AMT (25) -
 STORAGE CONTAINER (26) ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT

STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

(29) % WT

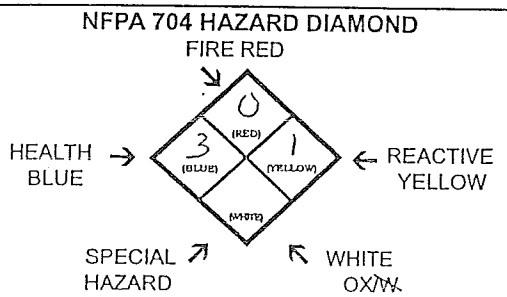
1.	<u>10%</u>
2.	<u>15%</u>
3.	

(30) HAZARDOUS COMPONENTS (31) EHS/AHM (32) CAS #

<u>SULFURIC ACID</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>7664-93-9</u>
<u>NITRIC ACID</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>7697-37-2</u>
	<input type="checkbox"/> Y <input type="checkbox"/> N	

(33) **ADDITIONAL LOCALLY COLLECTED INFORMATION**
 *COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

NFPA CLASSIFICATION _____
 UN/DOT # UN 3264
 Refer to shipping papers or MSDS
 DOT HAZARD CLASS CORROSIVE LIQUID, ACIDIC
 Refer to shipping papers or MSDS
 UFC HAZARD CLASS _____



CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 5 OF 3) 9

BUSINESS NAME (4) HOLLINGSEAD INTERNATIONAL, INC.
 CHEMICAL LOCATION (Address, Area, Building, etc.) (5) MACHINE SHOP
 MAP # (if more than one) (6) _____ GRID # (7) G-4

CHEMICAL NAME (8) CHEM ETCH 7105 TRADE SECRET (11) Y N
 COMMON NAME (9) _____ AHM / *EHS (12) Y N
 CAS # (10) _____
 FIRE CODE HAZARD CLASSES* (13) _____
 *IF EHS BOX IS "Y"
 ALL AMOUNTS MUST BE IN LBS

*COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

TYPE (14) PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16) _____
 PHYSICAL STATE (17) SOLID LIQUID GAS CURIES _____
 FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
 STATE WASTE CODE (19) - UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 425
 DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 380
 LARGEST CONTAINER (21) 400LB DRUM ANNUAL WASTE AMT (25) -
 STORAGE CONTAINER (26) ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.
 PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT
 STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
1. <u>95</u>	<u>SODIUM HYDROXIDE</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>1310-73-2</u>
2. <u>4</u>	<u>SODIUM CARBONATE</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	<u>497-19-8</u>
3. _____	_____	<input type="checkbox"/> Y <input type="checkbox"/> N	_____

(33) **ADDITIONAL LOCALLY COLLECTED INFORMATION**
 *COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

NFPA CLASSIFICATION _____ NFPA 704 HAZARD DIAMOND

UN/DOT # UN1759 Refer to shipping papers or MSDS

DOT HAZARD CLASS CORROSIVE SOLIDS, N.O.S. Refer to shipping papers or MSDS

UFC HAZARD CLASS _____

HEALTH BLUE → **1** (RED) FIRE RED
3 (BLUE) HEALTH BLUE
2 (YELLOW) REACTIVE YELLOW
 SPECIAL HAZARD ↗ **MIXT** ↖ WHITE OXW

CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 6 OF 3) 9

BUSINESS NAME (4) HOLLINGSEAD INTERNATIONAL, INC.
 CHEMICAL LOCATION (5) (Address, Area, Building, etc.) MACHINE SHOP
 MAP # (if more than one) (6) _____ GRID # (7) G-4

CHEMICAL NAME (8) CHROMIC ACID SOLUTION TRADE SECRET (11) Y N
 COMMON NAME (9) ARDROX 178-HA AHM /*EHS (12) Y N
 CAS # (10) 1333-82-0
 FIRE CODE HAZARD CLASSES* (13) _____
 *IF EHS BOX IS "Y"
 ALL AMOUNTS MUST BE IN LBS

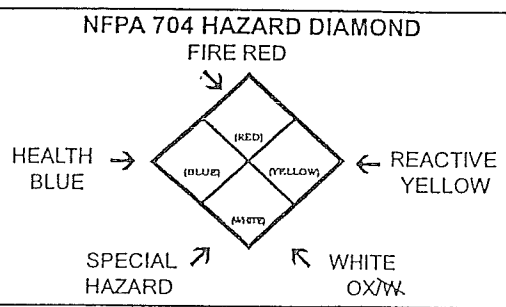
*COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

TYPE (14) PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16) _____
 PHYSICAL STATE (17) SOLID LIQUID GAS CURIES _____
 FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
 STATE WASTE CODE (19) — UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 60
 DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 45
 LARGEST CONTAINER (21) 55 GAL DRUM ANNUAL WASTE AMT (25) —
 STORAGE CONTAINER (26) ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.
 PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT
 STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
1.		<input type="checkbox"/> Y <input type="checkbox"/> N	
2.		<input type="checkbox"/> Y <input type="checkbox"/> N	
3.		<input type="checkbox"/> Y <input type="checkbox"/> N	

(33) **ADDITIONAL LOCALLY COLLECTED INFORMATION**
 *COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

NFPA CLASSIFICATION _____
 UN/DOT # UN1755
 Refer to shipping papers or MSDS
 DOT HAZARD CLASS CHROMIC ACID SOLUTION
 Refer to shipping papers or MSDS
 UFC HAZARD CLASS _____



CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 7 OF 3) 9

BUSINESS NAME (4) HOLLINGSEAD INTERNATIONAL, INC.
 CHEMICAL LOCATION (5) (Address, Area, Building, etc.) WELDING
 MAP # (if more than one) (6) _____ GRID # (7) C-5

CHEMICAL NAME (8) OXYGEN TRADE SECRET (11) Y N
 COMMON NAME (9) _____ AHM / *EHS (12) Y N
 CAS # (10) 7782-44-7 *IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS
 FIRE CODE HAZARD CLASSES* (13) _____

***COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.**

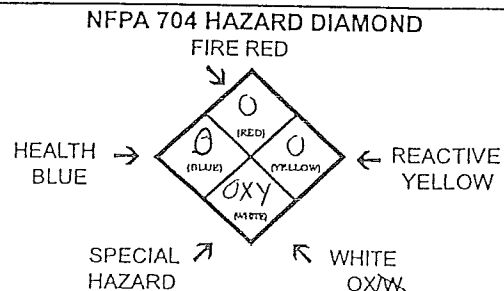
TYPE (14) PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16) _____
 PHYSICAL STATE (17) SOLID LIQUID GAS CURIES _____
 FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
 STATE WASTE CODE (19) - UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 150
 DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 100
 LARGEST CONTAINER (21) 125 CU FT COMPRESSED ANNUAL WASTE AMT (25) -
 STORAGE CONTAINER (26) ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.
 PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT
 STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
1.		<input type="checkbox"/> Y <input type="checkbox"/> N	
2.		<input type="checkbox"/> Y <input type="checkbox"/> N	
3.		<input type="checkbox"/> Y <input type="checkbox"/> N	

(33) ADDITIONAL LOCALLY COLLECTED INFORMATION

***COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.**

NFPA CLASSIFICATION _____
 UN/DOT # UN1072
 Refer to shipping papers or MSDS
 DOT HAZARD CLASS NONFLAMMABLE GAS 2.2
 Refer to shipping papers or MSDS
 UFC HAZARD CLASS OXIDIZER



CALIFORNIA CHEMICAL INVENTORY FORM - DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 8 OF 3) 9

BUSINESS NAME (4) HOLLINGSEAD INTERNATIONAL, INC.
 CHEMICAL LOCATION (5) (Address, Area, Building, etc.) WELDING
 MAP # (if more than one) (6) _____ GRID # (7) C-5

CHEMICAL NAME (8) ARGON TRADE SECRET (11) Y N
 COMMON NAME (9) _____ AHM /*EHS (12) Y N
 CAS # (10) 7440-37-1 *IF EHS BOX IS "Y"
 FIRE CODE HAZARD CLASSES* (13) _____ ALL AMOUNTS MUST BE IN LBS

*COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

TYPE (14) PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16) _____
 PHYSICAL STATE (17) SOLID LIQUID GAS CURIES _____
 FED HAZARD CATEGORIES (18) FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
 STATE WASTE CODE (19) - UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 2352
 DAYS ON SITE (20) 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 2000
 LARGEST CONTAINER (21) 336 CU FT COMPRESSED ANNUAL WASTE AMT (25) -
 STORAGE CONTAINER (26) ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.
 PRESSURE STORAGE (27) AMBIENT ABOVE AMBIENT BELOW AMBIENT
 STORAGE TEMPERATURE (28) AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

(29) % WT	(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
1.		<input type="checkbox"/> Y <input type="checkbox"/> N	
2.		<input type="checkbox"/> Y <input type="checkbox"/> N	
3.		<input type="checkbox"/> Y <input type="checkbox"/> N	

(33) ADDITIONAL LOCALLY COLLECTED INFORMATION

*COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

NFPA CLASSIFICATION _____ NFPA 704 HAZARD DIAMOND
 UN/DOT # UN1006 Refer to shipping papers or MSDS
 DOT HAZARD CLASS NON-FLAMMABLE GAS 2.2 Refer to shipping papers or MSDS
 UFC HAZARD CLASS NON-FLAMMABLE GAS

HEALTH BLUE → (1) (BLUE) (HEALTH) ← REACTIVE YELLOW (0) (YELLOW) (REACT)
 FIRE RED (0) (RED) (FIRE)
 SPECIAL HAZARD ↗ (None) ↖ WHITE OX/W.

CALIFORNIA CHEMICAL INVENTORY FORM – DESCRIPTION PAGE

(1) ADD DELETE REVISE NO CHANGE

PAGE (2) 9 OF 3) 9

(4) BUSINESS NAME HOLLINGSEAD INTERNATIONAL, INC.
 (5) CHEMICAL LOCATION (Address, Area, Building, etc.) WELDING
 (6) MAP # (if more than one) _____ GRID # (7) C-5

(8) CHEMICAL NAME ACETYLENE DISSOLVED TRADE SECRET (11) Y N
 (9) COMMON NAME _____ AHM /*EHS (12) Y N
 (10) CAS # 74-86-2 *IF EHS BOX IS "Y" ALL AMOUNTS MUST BE IN LBS
 (13) FIRE CODE HAZARD CLASSES* _____

*COMPLETE BLOCK (13) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

(14) TYPE PURE MIXTURE WASTE CHECK IF RADIOACTIVE (15) (16) _____
 (17) PHYSICAL STATE SOLID LIQUID GAS CURIES _____
 (18) FED HAZARD CATEGORIES FIRE REACTIVE PRESSURE RELEASE ACUTE HEALTH CHRONIC HEALTH
 (19) STATE WASTE CODE - UNITS (22) GAL CU FT LBS TONS MAX DAILY AMT (23) 125
 (20) DAYS ON SITE 365 *If EHS, amounts must be in lbs. AVG DAILY AMT (24) 90
 (21) LARGEST CONTAINER 109 CU FT COMPRESSED ANNUAL WASTE AMT (25) -
 (26) STORAGE CONTAINER ABOVE GROUND TANK - INSIDE CAN BOX(S) TANK WAGON
 UNDER GROUND TANK CARBOY CYLINDER RAIL CAR
 TANK INSIDE BUILDING SILO GLASS CONTAINER
 STEEL DRUM FIBER DRUM PLASTIC CONTAINER Other
 PLASTIC/NONMETALLIC DRUM BAG(S) IN MACHINERY OR EQUIP.

(27) PRESSURE STORAGE AMBIENT ABOVE AMBIENT BELOW AMBIENT

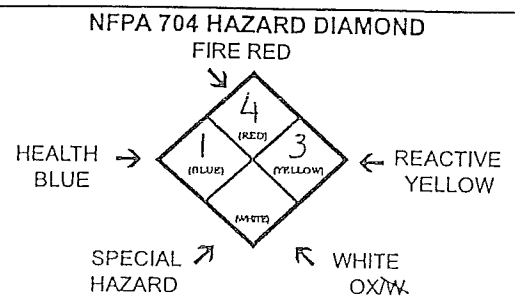
(28) STORAGE TEMPERATURE AMBIENT ABOVE AMBIENT BELOW AMBIENT CRYOGENIC

(29) % WT

	(30) HAZARDOUS COMPONENTS	(31) EHS/AHM	(32) CAS #
1.		<input type="checkbox"/> Y <input type="checkbox"/> N	
2.		<input type="checkbox"/> Y <input type="checkbox"/> N	
3.		<input type="checkbox"/> Y <input type="checkbox"/> N	

(33) **ADDITIONAL LOCALLY COLLECTED INFORMATION**
 *COMPLETE BLOCK (33) IF REQUESTED BY THE LOCAL FIRE CHIEF - REFER TO INSTRUCTIONS.

NFPA CLASSIFICATION _____
 UN/DOT # UN1001
 Refer to shipping papers or MSDS
 DOT HAZARD CLASS FLAMMABLE GAS 2.1
 Refer to shipping papers or MSDS
 UFC HAZARD CLASS FLAMMABLE GAS



HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

Page 1 of 1

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

AMF Electronics, Inc.

CHEMICAL LOCATION

Eastern Portion of the Building

CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No

FACILITY ID #

MAP # (optional)
Figure 3

GRID # (optional)
H-6

II. CHEMICAL INFORMATION

CHEMICAL NAME

NA

TRADE SECRET Yes No
If Subject to EPCRA, refer to Instructions

COMMON NAME

Oils and Lubricants

EHS* Yes No

CAS #

NA

* If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

Class III-B combustible liquid

HAZARDOUS MATERIAL TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No

CURIES
NA

PHYSICAL STATE (Check all that apply) a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER
55

FEDERAL HAZARD CATEGORIES (Check all that apply)

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 55

MAXIMUM DAILY AMOUNT 110

ANNUAL WASTE AMOUNT NA

STATE WASTE CODE
NA

UNITS* (Check one item only) a. GAL b. CU FT c. LBS d. TONS
* If EHS, amount must be in lbs.

DAYS ON SITE
365

STORAGE CONTAINER (Check all that apply)

n. ABOVE GROUND TANK o. PLASTIC NONMETALLIC DRUM p. FIBER DRUM q. GLASS BOTTLE r. RAIL CAR
 b. UNDERGROUND TANK i. CAN j. BAG m. PLASTIC BOTTLE s. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX d. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT c. CRYOGENIC

%WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	0-99 Hydrotreated heavy paraffinic distillate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	64742-54-7
2	1-2 Additives	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION:

JN/DOT number: 1270 Fire: 1 Reactive: 0
 DOT Hazard class: not regulated Health: 0 Special hazard: NA

If EPCRA, Please Sign here

BUSINESS OWNER/OPERATOR IDENTIFICATION

FACILITY INFORMATION

Page 2 of 2

I. IDENTIFICATION

FACILITY ID#	165	BEGINNING DATE	100.	ENDING DATE	101.
			31 March 2002	31 December 2002	
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			3	BUSINESS PHONE	
AMF Electronics, Inc.				714.379.5900	
BUSINESS SITE ADDRESS					
12442 Knott Avenue					
101					
CITY		104.	CA	ZIP CODE	
Garden Grove				92841	
105.					
DUN & BRADSTREET			106.	SIC CODE	
NA				(4 digit #) 3469	
107.					
COUNTY Orange					
108.					
BUSINESS OPERATOR NAME			109.	BUSINESS OPERATOR PHONE	
Jeff Kennard				714.379.5900	
110.					

II. BUSINESS OWNER

OWNER NAME AMF Electronics, Inc.			111.	OWNER PHONE 714.379.5900		112.
OWNER MAILING ADDRESS 12442 Knott Avenue						
113.						
CITY		114.	STATE	115.	ZIP CODE	
Garden Grove			CA		92841	
116.						

III. ENVIRONMENTAL CONTACT

CONTACT NAME Jeff Kennard			117.	CONTACT PHONE 714.379.5900			118.
CONTACT MAILING ADDRESS 12442 Knott Avenue							
119.							
CITY		120.	STATE	121.	ZIP CODE		122.
Garden Grove			CA		92841		

-PRIMARY-

IV. EMERGENCY CONTACTS

-SECONDARY-

NAME Jeff Kennard	123.	NAME Vivian Olmsted	128.
TITLE Maintenance Manager	124.	TITLE Quality Manager	129.
BUSINESS PHONE 714.379.5900	125.	BUSINESS PHONE 714.390.5694	130.
24-	126.	24-	131.
PA	127.	PAG	132.

ADDITIONAL LOCAL / COLLECTED INFORMATION:

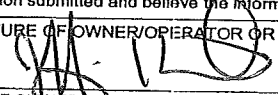
Property owner name: Kilroy Property Management Number of employees: 70


School within 1,000 feet of business property: Yes

Hours of business operation: 24 hours per day

Type of business operation: manufacturer of commercial electronic sheet chassis and panels

Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.

SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE	DATE	134.	NAME OF DOCUMENT PREPARER	135.
	5-16-02		JE Compliance Services, Inc.	
NAME OF SIGNER (print)	136.	TITLE OF SIGNER		137.
Jeff Kennard		Main Mngr		

Received 4-18-02 

Equipment Symbols

	Battery Charging Area		Fire Panic Alarm
	Evacuation/Staging Area		Electrical Shutoff
	Location of MSDS's		Gas Shutoff
	Spill Kit		Knox Box
	Fire Extinguisher		Plant Phone
	Class D Fire Extinguisher		Sprinkler Riser
	Halon Fire Extinguisher		Sprinkler Shutoff
	Fire Hose		Water Shutoff
	Fire Hydrant		Emergency Exit
	Sprinkler Connection		Fence or Barrier
	Sprinklered Building		First Aid Station
	Self-Contained Breathing Apparatus		Eye Wash Station
	Business Emergency Plan		Safety Shower

Hazards of Chemicals Handled or Stored

	Combustible		Other Regulated Material
	Corrosive		Oxidizer
	Cryogenic		Poison A or B
	Etiological Agent		Pyrophoric
	Explosive		Radioactive
	Flammable		Toxic
	Highly Toxic		Water Reactive
	Organic Peroxide		Hazardous Waste

AMF Electronics, Inc.
12442 Knott Avenue
Garden Grove, California

Legend

DWG-0011731

Jorgensen Environmental

Figure 4

Page

BUSINESS OWNER/OPERATOR IDENTIFICATION

I. IDENTIFICATION					
FACILITY ID#	BEGINNING DATE 1 April 2001	100.	ENDING DATE 31 March 2002		
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) AMF Electronics, Inc.	3	BUSINESS PHONE	102. 714.379.5900		
BUSINESS SITE ADDRESS 12442 Knott Avenue			101		
CITY Garden Grove	104.	CA	ZIP CODE 92841		
DUN & BRADSTREET	106.	SIC CODE (4 digit #) 3469	107.		
COUNTY Orange			108.		
BUSINESS OPERATOR NAME Steve Singer	109.	BUSINESS OPERATOR PHONE 714.379.5900	110.		
II. BUSINESS OWNER					
OWNER NAME AMF Electronics, Inc.	111.	OWNER PHONE 714.379.5900	112.		
OWNER MAILING ADDRESS 12442 Knott Avenue			113.		
CITY Garden Grove	114.	STATE CA	115. ZIP CODE 92841		
III. ENVIRONMENTAL CONTACT					
CONTACT NAME Steve Singer	117.	CONTACT PHONE 714.379.5900	118.		
CONTACT MAILING ADDRESS 12442 Knott Avenue			119.		
CITY Garden Grove	120.	STATE CA	121. ZIP CODE 92841		
-PRIMARY-		IV. EMERGENCY CONTACTS		-SECONDARY-	
NAME Steve Singer	123.	NAME Vivian Olmsted		128.	
TITLE Facility/Engineering Manager	124.	TITLE Quality Manager		129.	
BUSINESS PHONE 714.379.5900	125.	BUSINESS PHONE 714.390.5694		130.	
24	126.	24-HOUR PHONE		131.	
PA	127.	PAGER #		132.	
AD		AD		133.	
EPA ID number: pending					
Acutely hazardous materials/extremely hazardous materials onsite: No					
Type of business operation: manufacturer of commercial electronic sheet chassis and panels					
Certification: Based on my inquiry of those individuals responsible for obtaining the information, I certify under penalty of law that I have personally examined and am familiar with the information submitted and believe the information is true, accurate, and complete.					
SIGNATURE OF OWNER/OPERATOR OR DESIGNATED REPRESENTATIVE <i>Steve Singer</i>		DATE 3/30/2001	134.	NAME OF DOCUMENT PREPARER JE Compliance Services, Inc.	
136. NAME OF SIGNER (print) STEVE SINGER		137. TITLE OF SIGNER FACILITIES/ENGINEERING MANAGER			

Equipment Symbols

	Battery Charging Area		Fire Panic Alarm
	Evacuation/Staging Area		Electrical Shutoff
	Location of MSDS's		Gas Shutoff
	Spill Kit		Knox Box
	Fire Extinguisher		Plant Phone
	Class D Fire Extinguisher		Sprinkler Riser
	Halon Fire Extinguisher		Sprinkler Shutoff
	Fire Hose		Water Shutoff
	Fire Hydrant		Emergency Exit
	Sprinkler Connection		Fence or Barrier
	Sprinklered Building		First Aid Station
	Self-Contained Breathing Apparatus		Eye Wash Station
	Business Emergency Plan		Safety Shower

Hazards of Chemicals Handled or Stored

	Combustible		Other Regulated Material
	Corrosive		Oxidizer
	Cryogenic		Poison A or B
	Etiological Agent		Pyrophoric
	Explosive		Radioactive
	Flammable		Toxic
	Highly Toxic		Water Reactive
	Organic Peroxide		Hazardous Waste

AMF Electronics, Inc.
12442 Knott Avenue
Garden Grove, California

Legend

DWG-0011731

Jorgensen Environmental

Figure 4

Page

HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

Page 1 of 19

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3		
AMF Electronics, Inc.		
CHEMICAL LOCATION	201.	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 202.
Metal forming operations		
FACILITY ID #	203	MAP # (optional) 204.
		Facility map F-4

II. CHEMICAL INFORMATION

CHEMICAL NAME	205.	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206.	
NA		If Subject to EPCRA, refer to Instructions	
COMMON NAME	207.	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208.	
Stargon			
CAS #	209.	* If EHS is "Yes", all amounts below must be in lbs.	
NA			
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)	210.		
Inert compressed gas			
HAZARDOUS MATERIAL TYPE (Check one item only)	211.	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 213.	
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		CURIES NA	
PHYSICAL STATE (Check one item only)	214.	LARGEST CONTAINER 215.	
<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS		381	
FEDERAL HAZARD CATEGORIES (Check all that apply)	216.		
<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT	217.	ANNUAL WASTE AMOUNT 219.	
1,525		NA	
MAXIMUM DAILY AMOUNT	218.	STATE WASTE CODE 220.	
3,050		NA	
UNITS* (Check one item only)	221.	DAYS ON SITE 222.	
<input type="checkbox"/> a. GAL <input checked="" type="checkbox"/> b. CU FT <input type="checkbox"/> c. LBS <input type="checkbox"/> d. TONS		365	
* If EHS, amount must be in lbs.			
STORAGE CONTAINER (Check all that apply)	223.		
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR			
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER			
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN			
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON			
STORAGE PRESSURE	224.		
<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT			
STORAGE TEMPERATURE	225.		
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> c. CRYOGENIC			
%WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	>90 Argon	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7440-37-1
2	<10 Carbon dioxide	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	124-38-6
3	<5 Oxygen	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7782-44-7
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246.		
UN/DOT number: 1006	Fire: 1	Reactive: 0
DOT Hazard class: 2.2	Health: 0	Special hazard:
<i>If EPCRA, Please Sign here</i>		

HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

Page **2** of **19**

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3		
AMF Electronics, Inc.		
CHEMICAL LOCATION 201.		CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 202.
Metal forming operations		
FACILITY ID #	MAP # (optional) Facility Map 203.	GRID # (optional) F-4 204.

II. CHEMICAL INFORMATION

CHEMICAL NAME 205.		TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206.
Helium		If Subject to EPCRA, refer to instructions
COMMON NAME 207.		EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208.
Helium		
CAS # 209.		* If EHS is "Yes", all amounts below must be in lbs.
7440-59-7		
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210.		
Compressed gas		
HAZARDOUS MATERIAL TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE 211.	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212.
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS 214.	CURIES 213.
FEDERAL HAZARD CATEGORIES (Check all that apply)	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH 218.	LARGEST CONTAINER 215.
AVERAGE DAILY AMOUNT 217.	MAXIMUM DAILY AMOUNT 218.	ANNUAL WASTE AMOUNT 219.
145	290	NA
UNITS* (Check one item only)	<input type="checkbox"/> a. GAL <input checked="" type="checkbox"/> b. CU FT <input type="checkbox"/> c. LBS <input type="checkbox"/> d. TONS 221.	STATE WASTE CODE 220.
STORAGE CONTAINER (Check all that apply)	DAYS ON SITE 222.	
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR	365	
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER		
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN		
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON		
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224.	
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> c. CRYOGENIC 225.	
%WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS
1		<input type="checkbox"/> Yes <input type="checkbox"/> No 228.
2		<input type="checkbox"/> Yes <input type="checkbox"/> No 232.
3		<input type="checkbox"/> Yes <input type="checkbox"/> No 236.
4		<input type="checkbox"/> Yes <input type="checkbox"/> No 240.
5		<input type="checkbox"/> Yes <input type="checkbox"/> No 244.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246.	
UN/DOT number: 1046	Fire: 0 Reactive: 0
DOT Hazard Class: 2.2	Health: 1 Special hazard:

If EPCRA, Please Sign here

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

AMF Electronics, Inc.

CHEMICAL LOCATION

Metal forming operations

FACILITY ID #

MAP # (optional)
Facility Map

GRID # (optional)
F-4

II. CHEMICAL INFORMATION

CHEMICAL NAME

Argon

COMMON NAME

Argon

CAS #
7440-37-1

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

Inert compressed gas

HAZARDOUS MATERIAL TYPE (Check one item only)

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No

CURIES

NA

PHYSICAL STATE (Check one item only)

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER

336

FEDERAL HAZARD CATEGORIES (Check all that apply)

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

1,680

MAXIMUM DAILY AMOUNT

3,350

ANNUAL WASTE AMOUNT

NA

STATE WASTE CODE

NA

UNITS* (Check one item only)

a. GAL b. CU FT c. LBS d. TONS

DAYS ON SITE

365

STORAGE CONTAINER (Check all that apply)

a. ABOVE GROUND TANK e. PLASTIC NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT e. CRYOGENIC

%WT

HAZARDOUS COMPONENT (for mixture or waste only)

EHS

CAS #

	%WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	228.		<input type="checkbox"/> Yes <input type="checkbox"/> No	228.
2	230.		<input type="checkbox"/> Yes <input type="checkbox"/> No	230.
3	234.		<input type="checkbox"/> Yes <input type="checkbox"/> No	234.
4	238.		<input type="checkbox"/> Yes <input type="checkbox"/> No	238.
5	242.		<input type="checkbox"/> Yes <input type="checkbox"/> No	242.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION:

UN/DOT number: 1006
DOT Hazard class: 2.2

Fire: 1 Health: 0 Reactive: 0 Special hazard:

If EPCRA, Please Sign here

HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			3
AMF Electronics, Inc.			
CHEMICAL LOCATION		201.	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 202.
Metal forming operations			
FACILITY ID #	1 MAP # (optional) Facility Map	203.	GRID # (optional) F-4 204.

II. CHEMICAL INFORMATION

CHEMICAL NAME		205.	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206.
Oxygen			If Subject to EPCRA, refer to instructions
COMMON NAME		207.	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208.
Oxygen			
CAS #		209.	* If EHS is "Yes", all amounts below must be in lbs.
7782-44-7			
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210.			
Oxidizeing compressed gas			
HAZARDOUS MATERIAL TYPE (Check one item only)	<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	211.	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212.
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	214.	LARGEST CONTAINER 337 215.
FEDERAL HAZARD CATEGORIES (Check all that apply)	<input type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH 216.		
AVERAGE DAILY AMOUNT	340 217.	MAXIMUM DAILY AMOUNT	674 218.
UNITS* (Check one item only)	<input type="checkbox"/> a. GAL <input checked="" type="checkbox"/> b. CU FT <input type="checkbox"/> c. LBS <input type="checkbox"/> d. TONS	ANNUAL WASTE AMOUNT	NA 219.
STATE WASTE CODE	NA 220.		
DAYS ON SITE	365 222.		
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON		
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT 224.		
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> c. CRYOGENIC 225.		

%WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	226.	227. <input type="checkbox"/> Yes <input type="checkbox"/> No 228.	229.
2	230.	231. <input type="checkbox"/> Yes <input type="checkbox"/> No 232.	233.
3	234.	235. <input type="checkbox"/> Yes <input type="checkbox"/> No 236.	237.
4	238.	239. <input type="checkbox"/> Yes <input type="checkbox"/> No 240.	241.
5	242.	243. <input type="checkbox"/> Yes <input type="checkbox"/> No 244.	245.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246.		
UN/DOT number: 1072	Fire: 0	Reactive:0
DOT Hazard class: 2.2	Health: 3	Special hazard:
<i>If EPCRA, Please Sign here</i>		

HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

Page 5 of 19

I. FACILITY INFORMATION			
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			
AMF Electronics, Inc.			
CHEMICAL LOCATION			201.
Metal forming operations			202.
CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			202.
FACILITY ID #	MAP # (optional)	203.	GRID # (optional)
	Facility Map		f-4
II. CHEMICAL INFORMATION			
CHEMICAL NAME			205.
Acetylene			205.
COMMON NAME			207.
Acetylene			207.
CAS #			209.
NA			209.
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)			210.
Flammable gas, Class 2 unstable (reactive) material			210.
HAZARDOUS MATERIAL TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	211.	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input checked="" type="checkbox"/> c. GAS	214.	LARGEST CONTAINER
FEDERAL HAZARD CATEGORIES (Check all that apply)	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	216.	CURIES
AVERAGE DAILY AMOUNT	130	217.	NA
MAXIMUM DAILY AMOUNT	260	218.	STATE WASTE CODE
ANNUAL WASTE AMOUNT	NA	219.	NA
UNITS* (Check one item only)	<input type="checkbox"/> a. GAL <input checked="" type="checkbox"/> b. CU FT <input type="checkbox"/> c. LBS <input type="checkbox"/> d. TONS	221.	DAYS ON SITE
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR	223.	365
	<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER	223.	
	<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN	223.	
	<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input checked="" type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	223.	
STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	224.	
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> c. CRYOGENIC	225.	
%WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	>98 Acetylene	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	74-86-2
2		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.			
ADDITIONAL LOCALLY COLLECTED INFORMATION:			
UN/DOT number: 1001	Fire: 4	Reactive: 3	
DOT Hazard class: 2.1	Health: 1	Special hazard:	
			If EPCRA, Please Sign here

HAZARDOUS MATERIALS HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

Page **6** of **19**

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3		
AMF Electronics, Inc.		
CHEMICAL LOCATION 201.	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 202.	
Silk screening area		
FACILITY ID #	MAP # (optional) Facility Map 203.	GRID # (optional) F-5 204.

II. CHEMICAL INFORMATION

CHEMICAL NAME 205.	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206. If Subject to EPCRA, refer to instructions		
Acetone			
COMMON NAME 207.	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208.		
Acetone			
CAS # 209.	* If EHS is "Yes", all amounts below must be in lbs.		
67-64-1			
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210.			
Class I-A flammable liquid, irritant			
HAZARDOUS MATERIAL TYPE (Check one item only) 211.	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212.	CURIES 213.	
<input checked="" type="checkbox"/> a. PURE <input type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		NA	
PHYSICAL STATE (Check one item only) 214.	LARGEST CONTAINER 215.		
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	5		
FEDERAL HAZARD CATEGORIES (Check all that apply) 216.			
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH			
AVERAGE DAILY AMOUNT 217.	MAXIMUM DAILY AMOUNT 218.	ANNUAL WASTE AMOUNT 219.	STATE WASTE CODE 220.
40	80	NA	NA
UNITS* (Check one item only) 221.	DAYS ON SITE 222.		
<input checked="" type="checkbox"/> a. GAL <input type="checkbox"/> b. CU FT <input type="checkbox"/> c. LBS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in lbs.</small>	365		
STORAGE CONTAINER (Check all that apply) 223.			
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR			
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input checked="" type="checkbox"/> r. OTHER			
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> s. STEEL PAIL			
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON			
STORAGE PRESSURE 224.			
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT			
STORAGE TEMPERATURE 225.			
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> c. CRYOGENIC			
%WT HAZARDOUS COMPONENT (for mixture or waste only)		EHS	CAS #
1	226.	227.	229.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	230.	231.	233.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	234.	235.	237.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	238.	239.	241.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	242.	243.	245.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246.

UN/DOT number: 1090 Fire: 3 Reactive: 0
DOT Hazard class: 3.1 Health: 1 Special hazard:

If EPCRA, Please Sign here

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

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I. FACILITY INFORMATION				
BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)				
AMF Electronics, Inc.				
CHEMICAL LOCATION			201.	
Silk screening area			202.	
CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			202.	
FACILITY ID #	MAP # (optional)	GRID # (optional)	204.	
	Facility Map	F-5		
II. CHEMICAL INFORMATION				
CHEMICAL NAME			205.	
NA			205.	
COMMON NAME			207.	
Inks			207.	
CAS #			209.	
NA			209.	
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)			210.	
Class III-A combustible liquid, irritant			210.	
HAZARDOUS MATERIAL TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	211.	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	214.	LARGEST CONTAINER	
FEDERAL HAZARD CATEGORIES (Check all that apply)	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	216.	CURIES	
AVERAGE DAILY AMOUNT	30	217.	STATE WASTE CODE	
MAXIMUM DAILY AMOUNT	60	218.	NA	
ANNUAL WASTE AMOUNT	NA	219.	DAYS ON SITE	
UNITS* (Check one item only)	<input checked="" type="checkbox"/> a. GAL <input type="checkbox"/> b. CU FT <input type="checkbox"/> c. LBS <input type="checkbox"/> d. TONS	221.	365	
STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC NONMETALLIC DRUM <input type="checkbox"/> f. CAN <input type="checkbox"/> g. CARBOY <input type="checkbox"/> h. SILO	<input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> j. BAG <input type="checkbox"/> k. BOX <input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> o. TOTE BIN <input type="checkbox"/> p. TANK WAGON
STORAGE PRESSURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	224.	<input type="checkbox"/> q. RAIL CAR <input checked="" type="checkbox"/> r. OTHER	
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> c. CRYOGENIC	225.	<u>Metal container</u>	
%WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #	
1	10-30 Epoxy resin	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	25068-38-6	
2	10-30 Diethylene glycol ethyl ether acetate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	112-15-2	
3	5-10 Bisphenol A	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	80-05-7	
4	1-5 Dipropyl glycol mono ethyl ether	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	34590-94-8	
5	1-5 Propyl glycol mono methyl ether acetate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	108-65-6	
If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.				
ADDITIONAL LOCALLY COLLECTED INFORMATION:				
UN/DOT number: not regulated		Fire: 2	Reactive: 1	
DOT Hazard class: none		Health: 2	Special hazard:	
If EPCRA, Please Sign here				

HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3		
AMF Electronics, Inc.		
CHEMICAL LOCATION	201.	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 202.
Throughout site		
FACILITY ID #	MAP # (optional) Facility Map 203.	GRID # (optional) 204.

II. CHEMICAL INFORMATION

CHEMICAL NAME	205.	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208. <small>If Subject to EPCRA, refer to Instructions</small>
NA		
COMMON NAME	207.	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208.
Oils and Lubricants		
CAS #	209.	* If EHS is "Yes", all amounts below must be in lbs.
NA		
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210.		
Class III-B combustible liquid		
HAZARDOUS MATERIAL TYPE (Check one item only)	211.	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212.
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		CURIES 213.
NA		
PHYSICAL STATE (Check one item only)	214.	LARGEST CONTAINER 215.
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		55
FEDERAL HAZARD CATEGORIES (Check all that apply)	216.	
<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH		
AVERAGE DAILY AMOUNT	217.	ANNUAL WASTE AMOUNT 219.
95	MAXIMUM DAILY AMOUNT 190 218.	NA 220.
UNITS* (Check one item only)	221.	DAYS ON SITE 222.
<input checked="" type="checkbox"/> a. GAL <input type="checkbox"/> b. CU FT <input type="checkbox"/> c. LBS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in lbs.</small>		365
STORAGE CONTAINER (Check all that apply)	223.	
<input type="checkbox"/> a. ABOVE GROUND TANK <input checked="" type="checkbox"/> e. PLASTIC NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR		
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER		
<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN		
<input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON		
STORAGE PRESSURE	224.	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT		
STORAGE TEMPERATURE	225.	
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> c. CRYOGENIC		
%WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS
226.	227.	228.
1 0-99	Hydrotreated heavy paraffinic distillate	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
229.		229.
2 1-2	Additives	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
230.		230.
3		<input type="checkbox"/> Yes <input type="checkbox"/> No
231.		231.
4		<input type="checkbox"/> Yes <input type="checkbox"/> No
232.		232.
5		<input type="checkbox"/> Yes <input type="checkbox"/> No
233.		233.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
234.		234.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
235.		235.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
236.		236.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
237.		237.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
238.		238.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
239.		239.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
240.		240.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
241.		241.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
242.		242.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
243.		243.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
244.		244.
		<input type="checkbox"/> Yes <input type="checkbox"/> No
245.		245.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246.		
UN/DOT number: 1270	Fire: 3	Reactive: 0
DOT Hazard class: not regulated	Health: 3	Special hazard:
<i>If EPCRA, Please Sign here</i>		

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			3
AMF Electronics, Inc.			
CHEMICAL LOCATION		201.	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 202.
Outside northeastern corner of production building			
FACILITY ID #	MAP # (optional) Facility Map	203.	GRID # (optional) H-4 204.

II. CHEMICAL INFORMATION

CHEMICAL NAME		205.	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 206. <small>If Subject to EPCRA, refer to instructions</small>
Propane			
COMMON NAME		207.	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208.
Propane			
CAS #		209.	* If EHS is "Yes", all amounts below must be in lbs.
74-98-6			
FIRE CODE HAZARD CLASSES (Complete if required by CUPA)			210.

Class I-A flammable liquid																
HAZARDOUS MATERIAL TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	211.	RADIOACTIVE <input type="checkbox"/> Yes <input type="checkbox"/> No	212.	CURIES	213.	NA									
PHYSICAL STATE (Check one item only)	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	214.	LARGEST CONTAINER	215.												
			100													
FEDERAL HAZARD CATEGORIES (Check all that apply)	<input checked="" type="checkbox"/> a. FIRE <input type="checkbox"/> b. REACTIVE <input checked="" type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH	216.														
AVERAGE DAILY AMOUNT	50	217.	MAXIMUM DAILY AMOUNT	100	218.	ANNUAL WASTE AMOUNT	NA	219.	STATE WASTE CODE	NA	220.					
UNITS* (Check one item only)	<input checked="" type="checkbox"/> a. GAL <input type="checkbox"/> b. CU FT <input type="checkbox"/> c. LBS <input type="checkbox"/> d. TONS	* If EHS, amount must be in lbs.							221.	DAYS ON SITE	365	222.				
STORAGE CONTAINER (Check all that apply)	<input checked="" type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> d. STEEL DRUM	<input type="checkbox"/> e. PLASTIC NONMETALLIC DRUM	<input type="checkbox"/> f. CAN	<input type="checkbox"/> g. CARBOY	<input type="checkbox"/> h. SILO	<input type="checkbox"/> i. FIBER DRUM	<input type="checkbox"/> j. BAG	<input type="checkbox"/> k. BOX	<input type="checkbox"/> l. CYLINDER	<input type="checkbox"/> m. GLASS BOTTLE	<input type="checkbox"/> n. PLASTIC BOTTLE	<input type="checkbox"/> o. TOTE BIN	<input type="checkbox"/> p. TANK WAGON	<input type="checkbox"/> q. RAIL CAR	<input type="checkbox"/> r. OTHER	223.

STORAGE PRESSURE	<input type="checkbox"/> a. AMBIENT <input checked="" type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	224.
STORAGE TEMPERATURE	<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> c. CRYOGENIC	225.

%WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	226.	227. <input type="checkbox"/> Yes <input type="checkbox"/> No 228.	229.
2	230.	231. <input type="checkbox"/> Yes <input type="checkbox"/> No 232.	233.
3	234.	235. <input type="checkbox"/> Yes <input type="checkbox"/> No 236.	237.
4	238.	239. <input type="checkbox"/> Yes <input type="checkbox"/> No 240.	241.
5	242.	243. <input type="checkbox"/> Yes <input type="checkbox"/> No 244.	245.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION:			246.
UN/DOT number: 1978	Fire: 4	Reactive: 0	
DOT Hazard class: 2.1	Health: 2	Special hazard:	<i>If EPCRA, Please Sign here</i>

HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3
AMF Electronics, Inc.

CHEMICAL LOCATION 201. CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No 202.
Air compressor area

FACILITY ID # 1 MAP # (optional) 203. GRID # (optional) 204.
Facility Map **H-4**

II. CHEMICAL INFORMATION

CHEMICAL NAME 205. TRADE SECRET Yes No 206.
NA If Subject to EPCRA, refer to instructions

COMMON NAME 207. EHS* Yes No 208.
Waste Oil

CAS # 209. * If EHS is "Yes", all amounts below must be in lbs.
NA

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210.
Class III-B combustible liquid

HAZARDOUS MATERIAL TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211. RADIOACTIVE Yes No 212. CURIES 213.
NA

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214. LARGEST CONTAINER 215.
55

FEDERAL HAZARD CATEGORIES (Check all that apply) a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 216.

AVERAGE DAILY AMOUNT **110** 217. MAXIMUM DAILY AMOUNT **220** 218. ANNUAL WASTE AMOUNT **330** 219. STATE WASTE CODE **221** 220.

UNITS* (Check one item only) a. GAL b. CU FT c. LBS d. TONS 221. DAYS ON SITE **365** 222.
* If EHS, amount must be in lbs.

STORAGE CONTAINER (Check all that apply) a. ABOVE GROUND TANK e. PLASTIC NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR 223.
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224.

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT c. CRYOGENIC 225.

#	%WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	100	Waste Oil	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246.
 UN/DOT number: None Fire: 1 Reactive: 0
 DOT Hazard class: 1.1 Health: 1 Special hazard:

If EPCRA, Please Sign here

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

(one form per material per building or area)

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ADD DELETE REVISE

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3
AMF Electronics, Inc.

CHEMICAL LOCATION 201. CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No 202.

Air compressor area

FACILITY ID # 203. MAP # (optional) **Facility Map** 204. GRID # (optional) **H-4**

II. CHEMICAL INFORMATION

CHEMICAL NAME 205. TRADE SECRET Yes No 206.
NA If Subject to EPCRA, refer to instructions

COMMON NAME 207. EHS* Yes No 208.
Waste paint related material

CAS # 209. * If EHS is "Yes", all amounts below must be in lbs.
NA

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210.

HAZARDOUS MATERIAL TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211. RADIOACTIVE Yes No 212. CURIES **NA**

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214. LARGEST CONTAINER **55** 215.

FEDERAL HAZARD CATEGORIES (Check all that apply) a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 216.

AVERAGE DAILY AMOUNT **225** 217. MAXIMUM DAILY AMOUNT **450** 218. ANNUAL WASTE AMOUNT **2,000** 219. STATE WASTE CODE **NA** 220.

UNITS* (Check one item only) a. GAL b. CU FT c. LBS d. TONS 221. DAYS ON SITE **365** 222.

STORAGE CONTAINER (Check all that apply) a. ABOVE GROUND TANK e. PLASTIC NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR 223.
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224.

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT e. CRYOGENIC 225.

%WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	100	226.	227.
	Waste paint related material	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	NA
2		230.	231.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3		234.	235.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4		238.	239.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5		242.	243.
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246.

UN/DOT number: none Fire: 1 Reactive: 0
 DOT Hazard class: 1.1 Health: 1 Special hazard:

If EPCRA, Please Sign here

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3
AMF Electronics, Inc.

CHEMICAL LOCATION 201. CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No 202.

Metal surface treating line

FACILITY ID # 203. MAP # (optional) **Facility Map** 204. GRID # (optional) **H-5**

II. CHEMICAL INFORMATION

CHEMICAL NAME 205. TRADE SECRET Yes No 206.
NA If Subject to EPCRA, refer to instructions

COMMON NAME 207. EHS* Yes No 208.
VF-77

CAS # 209. * If EHS is "Yes", all amounts below must be in lbs.
NA

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210.
Class II combustible liquid, irritant

HAZARDOUS MATERIAL TYPE (Check one item only) 211. RADIOACTIVE Yes No 212. CURIES **NA** 213.
 a. PURE b. MIXTURE c. WASTE

PHYSICAL STATE (Check one item only) 214. LARGEST CONTAINER **120** 215.
 a. SOLID b. LIQUID c. GAS

FEDERAL HAZARD CATEGORIES (Check all that apply) 216.
 a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT **60** 217. MAXIMUM DAILY AMOUNT **120** 218. ANNUAL WASTE AMOUNT **NA** 219. STATE WASTE CODE **NA** 220.

UNITS* (Check one item only) 221. DAYS ON SITE **365** 222.
 a. GAL b. CU FT c. LBS d. TONS
* If EHS, amount must be in lbs.

STORAGE CONTAINER (Check all that apply) 223.
 a. ABOVE GROUND TANK e. PLASTIC NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE 224.
 a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225.
 a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT c. CRYOGENIC

	%WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	NA 226.	Sec-butyl alcohol 227.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228.	78-92-2 229.
2	NA 230.	Sodium hydroxide 231.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232.	1310-73-2 233.
3	NA 234.	Monoethanolamine 235.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236.	141-43-5 237.
4	NA 238.	Alkylphenol ethoxylate 239.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240.	9016-45-9 241.
5	242.	243.	<input type="checkbox"/> Yes <input type="checkbox"/> No 244.	245.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246.

UN/DOT number: none Fire: 2 Reactive: 0
 DOT Hazard class: 1.1 Health: 1 Special hazard:

If EPCRA, Please Sign here

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

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ADD DELETE REVISE

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			3
AMF Electronics, Inc.			
CHEMICAL LOCATION		201.	202.
Metal surface treating line		CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
FACILITY ID #	MAP # (optional) Facility Map	GRID # (optional) H-5	204.

II. CHEMICAL INFORMATION

CHEMICAL NAME	205.	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206.
NA		If Subject to EPCRA, refer to instructions	
COMMON NAME	207.	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208.
Chem Etch 7015			
CAS #	209.	* If EHS is "Yes", all amounts below must be in lbs.	
NA			

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)				210.
Corrosive				
HAZARDOUS MATERIAL TYPE (Check one item only)	211.	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212.	213.
<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE		CURIES NA		
PHYSICAL STATE (Check one item only)	214.	LARGEST CONTAINER	215.	
<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS		120		
FEDERAL HAZARD CATEGORIES (Check all that apply)	216.			
<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH				
AVERAGE DAILY AMOUNT	217.	MAXIMUM DAILY AMOUNT	218.	219.
60		120	ANNUAL WASTE AMOUNT	220.
			NA	STATE WASTE CODE
				NA
UNITS* (Check one item only)	221.			222.
<input checked="" type="checkbox"/> a. GAL <input type="checkbox"/> b. CU FT <input type="checkbox"/> c. LBS <input type="checkbox"/> d. TONS	* If EHS, amount must be in lbs.			DAYS ON SITE
				365
STORAGE CONTAINER (Check all that apply)	223.			
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR				
<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER				
<input checked="" type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN				
<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON				

STORAGE PRESSURE	224.
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT	
STORAGE TEMPERATURE	225.
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> c. CRYOGENIC	

%WT		HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	226.	Sodium hydroxide	227.	229.
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	1310-73-2
2	230.	Sodium carbonate	231.	233.
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	497-19-8
3	234.		235.	237.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	238.		239.	241.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5	242.		243.	245.
			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION:			246.
UN/DOT number: 1759	Fire: 1	Reactive: 2	
DOT Hazard class: 8	Health: 3	Special hazard:	If EPCRA, Please Sign here

HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

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ADD DELETE REVISE

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)

AMF Electronics, Inc.

CHEMICAL LOCATION

Metal surface treating line

FACILITY ID #

MAP # (optional)
Facility Map

GRID # (optional)
H-5

II. CHEMICAL INFORMATION

CHEMICAL NAME

NA

COMMON NAME

Ardox 295-G

CAS #

NA

FIRE CODE HAZARD CLASSES (Complete if required by CUPA)

Irritant

HAZARDOUS MATERIAL TYPE (Check one item only)

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No

CURIES

NA

PHYSICAL STATE (Check one item only)

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER

120

FEDERAL HAZARD CATEGORIES (Check all that apply)

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT

60

MAXIMUM DAILY AMOUNT

120

ANNUAL WASTE AMOUNT

NA

STATE WASTE CODE

NA

UNITS*

(Check one item only)

a. GAL b. CU FT c. LBS d. TONS

* If EHS, amount must be in lbs.

DAYS ON SITE

365

STORAGE CONTAINER (Check all that apply)

a. ABOVE GROUND TANK e. PLASTIC NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT e. CRYOGENIC

%WT		HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	<25	Nitric acid	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7697-37-2
2	<15	Sulfuric acid	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7664-93-9
3	NA	Fluoboric acid	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	16872-11-0
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION:

UN/DOT number: 1775

Fire: 0

Reactive: 1

DOT Hazard class: 8

Health: 3

Special hazard:

If EPCRA, Please Sign here

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

(one form per material per building or area)

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ADD DELETE REVISE

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3
AMF Electronics, Inc.

CHEMICAL LOCATION 201. CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No 202.

Metal surface treating line

FACILITY ID # 203. MAP # (optional) 204. GRID # (optional)
Facility Map H-5

II. CHEMICAL INFORMATION

CHEMICAL NAME 205. TRADE SECRET Yes No 206.
NA If Subject to EPCRA, refer to instructions

COMMON NAME 207. EHS* Yes No 208.
Chem Cote 3529

CAS # 209. * If EHS is "Yes", all amounts below must be in lbs.
NA

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210.
Corrosive

HAZARDOUS MATERIAL TYPE (Check one item only) a. PURE b. MIXTURE c. WASTE 211. RADIOACTIVE Yes No 212. CURIES 213.
NA

PHYSICAL STATE (Check one item only) a. SOLID b. LIQUID c. GAS 214. LARGEST CONTAINER 215.
120

FEDERAL HAZARD CATEGORIES (Check all that apply) a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH 216.

AVERAGE DAILY AMOUNT 217. MAXIMUM DAILY AMOUNT 218. ANNUAL WASTE AMOUNT 219. STATE WASTE CODE 220.
60 **120** **NA** **NA**

UNITS* (Check one item only) a. GAL b. CU FT c. LBS d. TONS 221. DAYS ON SITE 222.
365

STORAGE CONTAINER (Check all that apply) a. ABOVE GROUND TANK e. PLASTIC NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR 223.
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224.

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT c. CRYOGENIC 225.

#	%WT	HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	50-60 226.	Chromic acid 227.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228.	1333-82-0 229.
2	20-30 230.	Potassium fluoborate 231.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232.	14075-53-7 233.
3	10-15 234.	Potassium ferricyanide 235.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 236.	13746-66-2 237.
4	5-10 238.	Sodium flouride 239.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 240.	7681-49-4 241.
5	5-10 242.	Potassium hexafluorozirconate 243.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 244.	16923-95-8 245.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information. 246.

ADDITIONAL LOCALLY COLLECTED INFORMATION:

UN/DOT number: 1463 Fire: 0 Reactive: 0
 DOT Hazard class: 5.1 Health: 3 Special hazard:

If EPCRA, Please Sign here

HAZARDOUS MATERIALS

HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

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ADD DELETE REVISE

I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As)			3
AMF Electronics, Inc.			
CHEMICAL LOCATION		201.	CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 202.
Chemical storage area			
FACILITY ID #	MAP # (optional)	203.	GRID # (optional) 204.
	Facility Map		G-5

II. CHEMICAL INFORMATION

CHEMICAL NAME	205.	TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	206.
NA		If Subject to EPCRA, refer to instructions	
COMMON NAME	207.	EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	208.
Chem Etch 7015			
GAS #	209.	* If EHS is "Yes", all amounts below must be in lbs.	
NA			

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210.

Corrosive

HAZARDOUS MATERIAL TYPE (Check one item only)	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	211.	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	212.	CURIES	213.	
PHYSICAL STATE (Check one item only)	<input checked="" type="checkbox"/> a. SOLID <input type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	214.	LARGEST CONTAINER	215.			
FEDERAL HAZARD CATEGORIES (Check all that apply)	<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input checked="" type="checkbox"/> e. CHRONIC HEALTH	216.					
AVERAGE DAILY AMOUNT	217.	MAXIMUM DAILY AMOUNT	218.	ANNUAL WASTE AMOUNT	219.	STATE WASTE CODE	220.
100		200		NA		NA	
UNITS* (Check one item only)	<input type="checkbox"/> a. GAL <input type="checkbox"/> b. CU FT <input checked="" type="checkbox"/> c. LBS <input type="checkbox"/> d. TONS	* If EHS, amount must be in lbs.		221.	DAYS ON SITE	222.	
					365		

STORAGE CONTAINER (Check all that apply)	<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR	223.
	<input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input checked="" type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER	
	<input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN	
	<input type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON	

STORAGE PRESSURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT 224.

STORAGE TEMPERATURE a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT c. CRYOGENIC 225.

%WT	HAZARDOUS COMPONENT (for mixture or waste only)		EHS		CAS #			
1	85-95	226.	Sodium hydroxide	227.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	228.	1310-73-2	229.
2	2-4	230.	Sodium carbonate	231.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	232.	497-19-8	233.
3		234.		235.	<input type="checkbox"/> Yes <input type="checkbox"/> No	236.		237.
4		238.		239.	<input type="checkbox"/> Yes <input type="checkbox"/> No	240.		241.
5		242.		243.	<input type="checkbox"/> Yes <input type="checkbox"/> No	244.		245.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246.

UN/DOT number: 1759 Fire: 2 Reactive: 2
 DOT Hazard class: 8 Health: 3 Special hazard:

If EPCRA, Please Sign here

HAZARDOUS MATERIALS INVENTORY- CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 3		
AMF Electronics, Inc.		
CHEMICAL LOCATION 201.		CHEMICAL LOCATION CONFIDENTIAL - EPCRA <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 202.
Metal finishing area		
FACILITY ID #	MAP # (optional) 203.	GRID # (optional) 204.
	Facility Map	G-5

II. CHEMICAL INFORMATION

CHEMICAL NAME 205.		TRADE SECRET <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208.		
NA		If Subject to EPCRA, refer to instructions		
COMMON NAME 207.		EHS* <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 208.		
Sodium hydroxide				
CAS # 209.		* If EHS is "Yes", all amounts below must be in lbs.		
NA				
FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210.				
Class 2 water reactive				
HAZARDOUS MATERIAL TYPE (Check one item only) 211.	<input type="checkbox"/> a. PURE <input checked="" type="checkbox"/> b. MIXTURE <input type="checkbox"/> c. WASTE	RADIOACTIVE <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 212.	CURIES 213.	
			NA	
PHYSICAL STATE (Check one item only) 214.	<input type="checkbox"/> a. SOLID <input checked="" type="checkbox"/> b. LIQUID <input type="checkbox"/> c. GAS	LARGEST CONTAINER 215.		
		55		
FEDERAL HAZARD CATEGORIES (Check all that apply) 216.				
<input type="checkbox"/> a. FIRE <input checked="" type="checkbox"/> b. REACTIVE <input type="checkbox"/> c. PRESSURE RELEASE <input checked="" type="checkbox"/> d. ACUTE HEALTH <input type="checkbox"/> e. CHRONIC HEALTH				
AVERAGE DAILY AMOUNT 217.	MAXIMUM DAILY AMOUNT 218.	ANNUAL WASTE AMOUNT 219.	STATE WASTE CODE 220.	
40	80	NA	NA	
UNITS* (Check one item only) 221.			DAYS ON SITE 222.	
<input checked="" type="checkbox"/> a. GAL <input type="checkbox"/> b. CU FT <input type="checkbox"/> c. LBS <input type="checkbox"/> d. TONS <small>* If EHS, amount must be in lbs.</small>			365	
STORAGE CONTAINER (Check all that apply) 223.				
<input type="checkbox"/> a. ABOVE GROUND TANK <input type="checkbox"/> e. PLASTIC NONMETALLIC DRUM <input type="checkbox"/> i. FIBER DRUM <input type="checkbox"/> m. GLASS BOTTLE <input type="checkbox"/> q. RAIL CAR <input type="checkbox"/> b. UNDERGROUND TANK <input type="checkbox"/> f. CAN <input type="checkbox"/> j. BAG <input type="checkbox"/> n. PLASTIC BOTTLE <input type="checkbox"/> r. OTHER <input type="checkbox"/> c. TANK INSIDE BUILDING <input type="checkbox"/> g. CARBOY <input type="checkbox"/> k. BOX <input type="checkbox"/> o. TOTE BIN <input checked="" type="checkbox"/> d. STEEL DRUM <input type="checkbox"/> h. SILO <input type="checkbox"/> l. CYLINDER <input type="checkbox"/> p. TANK WAGON				
STORAGE PRESSURE 224.				
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT				
STORAGE TEMPERATURE 225.				
<input checked="" type="checkbox"/> a. AMBIENT <input type="checkbox"/> b. ABOVE AMBIENT <input type="checkbox"/> c. BELOW AMBIENT <input type="checkbox"/> c. CRYOGENIC				
%WT		HAZARDOUS COMPONENT (for mixture or waste only)	EHS	CAS #
1	5-51 226.	Sodium hydroxide 227.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 228.	1310-73-2 229.
2	<1.0 230.	Sodium Chloride 231.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 232.	7647-14-5 233.
3	234.		<input type="checkbox"/> Yes <input type="checkbox"/> No 236.	237.
4	238.		<input type="checkbox"/> Yes <input type="checkbox"/> No 240.	241.
5	242.		<input type="checkbox"/> Yes <input type="checkbox"/> No 244.	245.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246.		
UN/DOT number: 1823	Fire: 0	Reactive: 1
DOT Hazard class: 8	Health: 3	Special hazard:

HAZARDOUS MATERIALS INVENTORY - CHEMICAL DESCRIPTION

(one form per material per building or area)

ADD DELETE REVISE

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I. FACILITY INFORMATION

BUSINESS NAME (Same as FACILITY NAME or DBA - Doing Business As) 1

AMF Electronics, Inc.

CHEMICAL LOCATION 201.

Power washing area

CHEMICAL LOCATION CONFIDENTIAL - EPCRA Yes No 202.

FACILITY ID #

MAP # (optional) 203. Facility Map

GRID # (optional) 204. G-8

II. CHEMICAL INFORMATION

CHEMICAL NAME 205.

NA

TRADE SECRET Yes No 206.
If Subject to EPCRA, refer to instructions

COMMON NAME 207.

Phosphoric acid

EHS* Yes No 208.

CAS # 209.

NA

* If EHS is "Yes", all amounts below must be in lbs.

FIRE CODE HAZARD CLASSES (Complete if required by CUPA) 210.

Irritant

HAZARDOUS MATERIAL TYPE (Check one item only) 211.

a. PURE b. MIXTURE c. WASTE

RADIOACTIVE Yes No 212.

CURIES 213. NA

PHYSICAL STATE (Check one item only) 214.

a. SOLID b. LIQUID c. GAS

LARGEST CONTAINER 215. 55

FEDERAL HAZARD CATEGORIES (Check all that apply) 216.

a. FIRE b. REACTIVE c. PRESSURE RELEASE d. ACUTE HEALTH e. CHRONIC HEALTH

AVERAGE DAILY AMOUNT 217. 55

MAXIMUM DAILY AMOUNT 218. 110

ANNUAL WASTE AMOUNT 219. NA STATE WASTE CODE 220. NA

UNITS* (Check one item only) 221.

a. GAL b. CU FT c. LBS d. TONS
* If EHS, amount must be in lbs.

DAYS ON SITE 222. 365

STORAGE CONTAINER (Check all that apply) 223.

a. ABOVE GROUND TANK e. PLASTIC NONMETALLIC DRUM i. FIBER DRUM m. GLASS BOTTLE q. RAIL CAR
 b. UNDERGROUND TANK f. CAN j. BAG n. PLASTIC BOTTLE r. OTHER
 c. TANK INSIDE BUILDING g. CARBOY k. BOX o. TOTE BIN
 d. STEEL DRUM h. SILO l. CYLINDER p. TANK WAGON

STORAGE PRESSURE 224.

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT

STORAGE TEMPERATURE 225.

a. AMBIENT b. ABOVE AMBIENT c. BELOW AMBIENT c. CRYOGENIC

%WT

HAZARDOUS COMPONENT (for mixture or waste only)

EHS

CAS #

1 90 228. Phosphoric acid 227.

Yes No 228. 7664-38-2 229.

2 230.

Yes No 232. 233.

3 234.

Yes No 236. 237.

4 238.

Yes No 240. 241.

5 242.

Yes No 244. 245.

If more hazardous components are present at greater than 1% by weight if non-carcinogenic, or 0.1% by weight if carcinogenic, attach additional sheets of paper capturing the required information.

ADDITIONAL LOCALLY COLLECTED INFORMATION: 246.

UN/DOT number: 1805 Fire: 0 Reactive: 0
DOT Hazard class: 8 Health: 2 Special hazard:

If EPCRA, Please Sign here